



# Northeast District Department of Health

69 South Main Street, Unit 4, Brooklyn, CT 06234  
Phone: (860) 774-7350 / Fax (860) 774-1308 / [www.nddh.org](http://www.nddh.org)

To: Indoor Swimming Pool Owners  
From: The Northeast District Department of Health  
Date: November 6, 2025  
Subject: 2026 Swimming Pool Permit Renewal

**Fee: \$180.00**

The registration issued to your establishment by the Northeast District Department of Health (NDDH) will expire on December 31<sup>st</sup> and must be updated on a yearly basis. We are eager to assist you in complying with the State of Connecticut public health regulations.

Please return the following to this office by close of business Monday, December 15, 2025:

- A completed **Swimming Pool Application and Emergency Contact Information Form**. You may access the application forms and can make payment online at [www.nddh.org/formspermits/](http://www.nddh.org/formspermits/). If you do not have computer access, you may pick up the forms and pay the application fee at our office at 69 South Main Street, Brooklyn, during regular business hours (Monday-Thursday, 8am – 4pm, Fridays, 8am – noon).
- Please be sure to provide us with a **valid e-mail address**, as we will be sending permits electronically.
- The appropriate fee paid online at <https://www.nddh.org/formspermits/pay-online/>, brought to our office, or mailed with your application to 69 South Main Street, Unit 4, Brooklyn, CT 06234. The fee schedule, effective 7/1/25, can be found online at: [https://nddh.org/wp-content/uploads/2025/07/NDDH\\_Service\\_Fees\\_effective\\_070125.pdf](https://nddh.org/wp-content/uploads/2025/07/NDDH_Service_Fees_effective_070125.pdf)

Upon receipt of all necessary documentation, a permit will be issued for your establishment which will be valid from January 1<sup>st</sup> through December 31, 2026.

**All necessary documentation and permit fees must be received by close of business on Monday, December 15, 2025**, or the establishment will be charged a late fee of \$90. In addition, a penalty fee of \$12 per NDDH business day with a maximum of \$120 shall be assessed for each business day late from January 2 through January 15, 2026, inclusive.

Annual inspections will be conducted throughout the year. A re-inspection fee of \$150 will be charged for a failed inspection.

If you have any questions, please feel free to contact us.

As always, we look forward to working with you.

Sincerely,

The Northeast District Department of Health

**Permit Checklist**

- Application
- Emergency Form
- Permit Fee Payment



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Brooklyn, CT 06234

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[www.nddh.org](http://www.nddh.org)

[email@nddh.org](mailto:email@nddh.org)

*Sanitarian Approved*

*Initial: \_\_\_\_\_*

*Date: \_\_\_\_\_*

*Emailed: \_\_\_\_\_*

## SWIMMING POOL APPLICATION

SELECT STYLE:     INDOOR             OUTDOOR

OWNERS NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

PHYSICAL LOCATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BILLING EMAIL: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

WATER SUPPLY:        WELL \_\_\_\_\_ MUNICIPAL \_\_\_\_\_

DIMENSIONS:    LENGTH \_\_\_\_\_ WIDTH \_\_\_\_\_ DEPTH \_\_\_\_\_ SLOPED DEPTH RANGE \_\_\_\_\_

RECIRCULATING INLETS: \_\_\_\_\_ OUTLETS / MAIN DRAINS: \_\_\_\_\_

CIRCULATING PUMP: \_\_\_\_\_ RATING: \_\_\_\_\_ GPM

FLOW GUAGE: \_\_\_\_\_ SCALE: \_\_\_\_\_ TO \_\_\_\_\_ GPM

HAIR CATCHER: \_\_\_\_\_ FILTER: \_\_\_\_\_ MODEL: \_\_\_\_\_

FILTER TYPE:    SAND \_\_\_\_\_ D.E. \_\_\_\_\_ CARTRIDGE \_\_\_\_\_ SIGHT GLASS:    YES    NO

MAKE UP WATER PLACE OF INTRODUCTION: \_\_\_\_\_

CHEMICAL FEED:        MANUAL \_\_\_\_\_ AUTO

CHLORINATOR: \_\_\_\_\_ MODEL# \_\_\_\_\_ CAPACITY: \_\_\_\_\_ GPD

TEST EQUIPMENT: \_\_\_\_\_

FILTER BACKWASH DISPOSAL: \_\_\_\_\_

COMPLIANCE DOCUMENTS PROVIDED TO NDDH REGARDING VIRGINIA GRAEME BAKER ACT: YES    NO

SKETCH OF POOL:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

*NDDH Use Only*

Date: \_\_\_\_\_ Fee: \_\_\_\_\_ Check # \_\_\_\_\_ CC E-Check Cash Receipt # \_\_\_\_\_

Date: \_\_\_\_\_ Fee: \_\_\_\_\_ Check # \_\_\_\_\_ CC E-Check Cash Receipt # \_\_\_\_\_



# Northeast District Department of Health

69 South Main Street, Unit 4, Brooklyn, CT 06234  
860-774-7350 / Fax 860-774-1308 [www.nddh.org](http://www.nddh.org)

## \*\*\*EMERGENCY CONTACT INFORMATION\*\*\*

*Water Interruption • Power Outage • Fire • Flood • Contamination • Natural and Man-made Disasters*

There are a number of emergencies that can interrupt your establishment. To protect the public, the Northeast District Department of Health (NDDH) must be able to quickly contact decision-makers for your business/organization to provide appropriate guidance. Check our website for regular updates that impact your establishment at <https://www.nddh.org>.

NDDH will conduct periodic tests of our Emergency Notification Systems. You may receive messages by phone, text, fax, or email. Please complete the information below, being sure to fill all fields accurately with contact information other than the owner.

**Today's Date:** \_\_\_\_\_

**Business/Org Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Emergency Contact Name and Title:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Alternate Emergency Contact Name and Title:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Is water for your business establishment/organization supplied by:**

\_\_\_\_ Well                      \_\_\_\_ Community Water System

*Businesses with multiple locations: Please complete a separate form for each location.*

**NDDH USE ONLY:**

Updated - EHS Database: \_\_\_\_\_ Excel Data Sheet: \_\_\_\_\_ Initials: \_\_\_\_\_

REVISED 10/27/2025