



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

An Important Notice Regarding Your Permit

To: Outdoor Swimming Pool Owners
From: The Northeast District Department of Health
Date: February 11, 2026
Subject: 2026 Swimming Pool Permit Renewal

Permit Fee
\$180.00

The Swimming Pool permit issued to your establishment by the Northeast District Department of Health (NDDH) has expired and must be updated on a yearly basis.

Please return the following to this office by Wednesday, April 15, 2026:

- A completed **Swimming Pool Application**. You may access the application forms and can make payment online at www.nddh.org/formspermits. If you do not have computer access, you may complete the form at our office.
- **Pay the application fee** <https://nddh.org/formspermits/pay-online/>.

We are eager to assist you in complying with the State of Connecticut public health regulations. Upon receipt of all completed documentation, a permit will be issued for your establishment. **Please be sure to provide us with a valid e-mail address, as we will be sending permits electronically.**

All completed documentation and fees must be received or postmarked by Wednesday, April 15, 2026, or your application will be considered late. The cost of a late fee is \$90 and will be added to your permit fee. In addition, a penalty fee of \$12 per NDDH business day with a maximum of \$120 shall be assessed for each day late from April 30th through May 13th inclusive. Please make sure that NDDH receives your application and permit fee prior to opening for the season.

Annual inspections will be conducted throughout the year. Please be aware a re-inspection fee of \$150.00 will be charged for a failed inspection.

If you have any questions, please feel free to contact us. We look forward to working with you.

Sincerely,

Melissa Nichols
Finance Manager



Northeast District Department of Health

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Brooklyn, CT 06234

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www.nddh.org

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 # _____



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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