



# 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)

## 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](http://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 30<sup>th</sup> through May 13<sup>th</sup> 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



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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

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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