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
Office Hours: Monday-Thursday 8:00am - 4:00pm, Friday 8:00am -Noon

To: Indoor Swimming Pool Owners
From: The Northeast District Department of Health
Date: October 15, 2026
Subject: 2027 Swimming Pool Permit Renewal

Fee: $185.00

The permit issued to your establishment by the Northeast District Department of Health (NDDH) will expire on December 31st 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 Tuesday, December 15, 2026:

- ***Application Requirements:*** You must complete **both** the Swimming Pool Application and Emergency Contact Information Form, provide all other required documentation, pay the appropriate service fee and submit it to the office no later than Tuesday, December 15, 2026.
- ***Ways to Access Applications Documents:*** You can access forms online at www.nddh.org/formspermits/, or you can come to the main office (address listed above along with office hours).
- ***Payment Options:*** Fees can be paid online at https://www.nddh.org/formspermits/pay-online/, brought to our office where staff will receipt, or by mail to the above address with all documentation required. NDDH accepts payments by check, money order, debit/credit card, electronic check and by cash. Cash payments must be made in person at the office.
- ***Service Fee Schedule:*** Effective 7/1/26, the Service Fee Schedule can be found online at: https://nddh.org/wp-content/uploads/2026/06/NDDH_Service_Fees_effective_070126.pdf
- Please be sure to provide a **valid e-mail address**, as we will be sending permits electronically.

Upon receipt of all documentation requirements, a permit will be issued for your establishment which will be valid from January 1st through December 31, 2027.

For your renewal to be considered on time, all required documentation and permit fees must be received by close of business on Tuesday, December 15, 2026, 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, 2027, 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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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# _____ CAPICITY:_____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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860-774-7350 / Fax 860-774-1308 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