

**NEW MILFORD DEPARTMENT OF HEALTH**

**10 MAIN STREET**

**NEW MILFORD, CT 06776**

**355-6035 FAX 210-2664**

**SWIMMING POOL LOCATION / INSTALLATION APPLICATION**

NAME OF OWNER: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT # \_\_\_\_\_

POOL INSTALLER: \_\_\_\_\_

TYPE OF POOL: ABOVE GROUND  BELOW GROUND  SIZE: \_\_\_\_\_

Minimum separating distance from pool to septic tank or fields and / or well: \_\_\_\_\_

Requirement is 10' from above ground pool to septic tank or fields

Requirement is 25" from below ground pool to septic tank or fields

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

If the Health Department has no septic location drawing on file, please use the area below to sketch location of pool, septic system and well.

**HEALTH DEPARTMENT USE**

DATE APPROVED: \_\_\_/\_\_\_/\_\_\_ FEE: \_\_\_\_\_ BY: \_\_\_\_\_

COMMENTS: \_\_\_\_\_