

STATEMENT OF CONFORMANCE

TO: Commissioner of Public Health

FROM: _____

Name of Pool Contractor

Address

RE: _____

Name of Pool

Address

DATE OF PLAN APPROVAL: _____

DATE OF COMPLETION _____

THIS IS TO CERTIFY THAT THE SUBJECT PUBLIC POOL(S) WAS/WERE CONSTRUCTED IN CONFORMANCE WITH THE PLANS AND SPECIFICATIONS APPROVED BY THE COMMISSIONER OF PUBLIC HEALTH IN ACCORDANCE WITH THE PUBLIC HEALTH CODE REGULATIONS SECTION 19-13-B33b.

Signature of Construction Supervisor

Signature of official, Pool Contractor

Note: Upon completion of construction of the pool, the responsible official (applicant) of the organization or municipality of municipal subdivision or owner or lessee of public pool shall have this STATEMENT OF CONFORMANCE signed by the pool construction supervisor and an official of the pool construction firm. The signed statement shall be forwarded to the State Department of Public Health, Division of Environment Health, Recreational Health & Safety Program, 450 Capitol Avenue, MS #51REC, Hartford, Connecticut 06134 prior to use of pool or obtaining a certificate of occupancy from the local municipal officials.