

ENVIRONMENTAL HEALTH AND DRINKING WATER BRANCH

# Public Pool Application Package

## Required Documentation for Initial Submittal

Applications will not enter the review process until all the required items below have been received. Applicants must submit engineering/architectural plans in both digital and paper format. Digital copies may be sent to [DPH.EnviroEng@ct.gov](mailto:DPH.EnviroEng@ct.gov). Paper copies of plans, as well as the review fee, can be addressed to:

Environmental Engineering Program  
 Department of Public Health  
 410 Capitol Avenue, MS #12SEW  
 P.O. Box 340308  
 Hartford, CT 06134-0308

Forms	
<input type="checkbox"/>	Application for Approval of Plans and Specifications for a Public Pool(s)
<input type="checkbox"/>	Pool Design Specification Sheet (6 Pages)
<input type="checkbox"/>	Application for Permit for the Discharge of Public Pool Water Drainage (with signatures of appropriate authorities).
Plans	
<input type="checkbox"/> Digital <input type="checkbox"/> Paper	Pool Plans (1 Set), stamped/signed by a CT Licensed Engineer; OR Architect Plans (1 set); with the following information included: <ul style="list-style-type: none"> <li>○ Pool plan/layout with all dimensions and markings</li> <li>○ Pool cross sections to show depth/slope of bottom</li> <li>○ Piping layout around pool (size and location)</li> <li>○ Pool details (including stairs, end wall, coping, etc.)</li> <li>○ Equipment room layout and equipment</li> <li>○ Make-up water plumbing detail</li> <li>○ Pool drainage plumbing detail</li> </ul>
<input type="checkbox"/> Digital <input type="checkbox"/> Paper	Site Plan (1 Set) with the following information included: <ul style="list-style-type: none"> <li>○ Location of pool</li> <li>○ Deck information (material, dimensions, drainage)</li> <li>○ Bathroom/Shower facilities</li> <li>○ Drinking fountain</li> <li>○ Enclosure information</li> <li>○ Bather access information</li> </ul>
Fees	
<input type="checkbox"/>	\$750 per public pool – check made payable to: Treasurer, State of Connecticut

ENVIRONMENTAL HEALTH AND DRINKING WATER BRANCH

**Application for Approval of Plans and Specifications for a Public Pool**

Date: \_\_\_\_\_

To the Commissioner of the Connecticut Department of Public Health (DPH),

\_\_\_\_\_  
(Insert Title of Organization and/or Names of Persons Making Application)

in the City or Town of \_\_\_\_\_ here makes application to the  
Commissioner of DPH for the approval of plans prepared by:

\_\_\_\_\_  
(Name of CT Licensed Engineer or Architect)

\_\_\_\_\_  
(E-Mail Address)

For a public pool to be located at: \_\_\_\_\_  
\_\_\_\_\_

This application is made under and in full accordance with Regulation 19-13-B33b of the Regulations of the State of Connecticut. The applicant acknowledges that prior to use of the public pool a final inspection application shall be submitted, and an inspection shall be obtained from the DPH to access conformance with the approved plans and specifications. Applications must be signed by responsible officials of organization or municipality or municipal subdivision or by owner or lessee of the public pool.

Mailing Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-Mail Address of Applicant: \_\_\_\_\_

**Signatures:**

**Official Titles:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*NOTE: Applicants should secure from the Connecticut Department of Public Health a copy of the Regulations of the State of Connecticut, Section 19-13-B33b.*

**Communication:**

Any entity other than the applicant identified above who should receive correspondence from the Department of Public Health regarding this proposal should be listed below. Please include name(s), title(s), and contact information (phone number and e-mail address).

Contact 1. \_\_\_\_\_

Contact 2. \_\_\_\_\_

Contact 3. \_\_\_\_\_

# Pool Design Specification Sheet

## Swimming Pool

Submission Date: \_\_\_\_\_  
Pool Plan Date: \_\_\_\_\_ Final Plan Revision Date: \_\_\_\_\_ Revision number: \_\_\_\_\_

### Location Information

Address of Pool	
Host Location:	
Street Address:	
Town:	Zip Code:

### Contact Information

Applicant Information	
Applicant Name:	
Applicant E-Mail:	
Applicant Phone Number: _____	<input type="checkbox"/> Office <input type="checkbox"/> Mobile
Alternate Phone Number (Optional): _____	<input type="checkbox"/> Office <input type="checkbox"/> Mobile

Owner Information	
Representative Name:	
Representative E-Mail:	
Representative Phone Number: _____	<input type="checkbox"/> Office <input type="checkbox"/> Mobile
Alternate Phone Number (Optional): _____	<input type="checkbox"/> Office <input type="checkbox"/> Mobile

Engineer / Architect Information	
Engineering/Architectural Company (Name):	
Engineer/Architect Name:	Professional License Number:
Engineer/Architect E-Mail:	
Engineer/Architect Phone Number: _____	<input type="checkbox"/> Office <input type="checkbox"/> Mobile
Alternate Phone Number (Optional): _____	<input type="checkbox"/> Office <input type="checkbox"/> Mobile

Pool Construction Firm Information	
Construction Company:	
Owner Name:	
Owner E-Mail:	
Owner Phone Number: _____	<input type="checkbox"/> Office <input type="checkbox"/> Mobile
Alternate Phone Number (Optional): _____	<input type="checkbox"/> Office <input type="checkbox"/> Mobile



	Circulation & Treatment Specifications	Location on Plan	Plan	Insp.
11.	Recirculating Inlets (Number/Count): Type of Inlets (Make and Model): Locations & piping shown on plan <input type="checkbox"/> .	Cut-Sheet: Detail: Plan Sheet:	<input type="checkbox"/>	<input type="checkbox"/>
12.	Outlets/Main Drains (Number/Count): Type (Make and Model): Main Drain Open Area (Square Feet): Locations & piping shown on plan <input type="checkbox"/> .	Cut-Sheet: Detail: Plan Sheet:	<input type="checkbox"/>	<input type="checkbox"/>
13.	Overflows/Surface Skimmers (Number/Count): Type (Make and Model): Locations & piping shown on plan <input type="checkbox"/> .	Cut-Sheet: Detail: Plan Sheet:	<input type="checkbox"/>	<input type="checkbox"/>
14.	Equipment Room Schematic with Piping <input type="checkbox"/> (Should include all system components and lengths/diameters of pipes.)	Plan Sheet:	<input type="checkbox"/>	<input type="checkbox"/>
15.	Suction Cleaner Method: Make & Model (if applicable):	Cut-Sheet: Detail: Plan Sheet:	<input type="checkbox"/>	<input type="checkbox"/>
16.	Circulating Pump (Make and Model): Pump Size:                    H.P. Rated at                    GPM at                    Feet TDH Proposed Pumping Rate:                    GPM (50' TDH for sand pressure, 60' TDH for cartridge & diatomaceous earth filters) <b>Note: Pump curve must be included as a cut-sheet or a plan detail.</b>	Cut-Sheet: Detail: Plan Sheet:	<input type="checkbox"/>	<input type="checkbox"/>
17.	Time for Pool Turnover: $\frac{\text{Gallons}}{\text{GPM} \times 60 \text{ Min./Hr.}} = \text{Hours}$ ( <input type="checkbox"/> Turnover time should be <8 hours.)	Cut-Sheet: Detail: Plan Sheet:	<input type="checkbox"/>	<input type="checkbox"/>
18.	Flow Gauge (Make and Model): ( <input type="checkbox"/> Minimum 10 pipe diameters of straight pipe before gauge and <input type="checkbox"/> Minimum 5 pipe diameters of straight pipe after gauge, dimensions shown.)	Cut-Sheet: Detail: Plan Sheet:	<input type="checkbox"/>	<input type="checkbox"/>
19.	Hair Catcher: <input type="checkbox"/> Included with pump. OR Hair Catcher Make and Model:	Cut-Sheet: Detail: Plan Sheet:	<input type="checkbox"/>	<input type="checkbox"/>
20.	Filter (Make and Model): Filter Area:                    Ft <sup>2</sup> Filtration Rate:                    GPM / Ft <sup>2</sup> of filter area, when operating at                    GPM	Cut-Sheet: Detail: Plan Sheet:	<input type="checkbox"/>	<input type="checkbox"/>
21.	<input type="checkbox"/> Balance/Surge Tank (Make and Model): Balance/Surge Tank Size:                    Gallons ( <input type="checkbox"/> No Balance/Surge Tank included in design)	Cut-Sheet: Detail: Plan Sheet:	<input type="checkbox"/>	<input type="checkbox"/>
22.	<input type="checkbox"/> Sight Glass <input type="checkbox"/> No Sight Glass <input type="checkbox"/> Sight Glass not applicable	Cut-Sheet: Detail: Plan Sheet:	<input type="checkbox"/>	<input type="checkbox"/>
23.	Make-up Water/Place of Introduction (Make and Model): <input type="checkbox"/> Plan should include dimensioned air gap (≥3")	Cut-Sheet: Detail: Plan Sheet:	<input type="checkbox"/>	<input type="checkbox"/>



Pool Surroundings Specifications		Location on Plan	Plan	Insp.
32.	Filter Backwash Water Disposal: <input type="checkbox"/> Dimensioned air gap included on plan. <u>Water Disposal Method</u> , select from the following: <input type="checkbox"/> Onsite System <input type="checkbox"/> DEEP System (Submittal date: ) <input type="checkbox"/> City Sewer ( <input type="checkbox"/> Form signed by WPCA is required)  If proposed pool does not have/require filter backwash, mark N/A.	Cut-Sheet: Detail: Plan Sheet:	<input type="checkbox"/>	<input type="checkbox"/>
33.	Dry Well Size & Capacity:                      Gallons <input type="checkbox"/> Dry well not applicable	Cut-Sheet: Detail: Plan Sheet:	<input type="checkbox"/>	<input type="checkbox"/>
34.	Pool Drainage (Circle One): Onsite System or Municipal Sewer		<input type="checkbox"/>	<input type="checkbox"/>

Additional Specifications		Location on Plan	Plan	Insp.
35.	Ladders (Make and Model) Number:                      Dimensions (Distance Between Rungs): <input type="checkbox"/> Location(s) of Ladders shown on plan.	Cut-Sheet: Detail: Plan Sheet:	<input type="checkbox"/>	<input type="checkbox"/>
36.	Stairs:                      Inches wide,                      Inches high <input type="checkbox"/> Location(s) of Ladders shown on plan. <input type="checkbox"/> Contrasting edge stripe	Cut-Sheet: Detail: Plan Sheet:	<input type="checkbox"/>	<input type="checkbox"/>
37.	Depth & Diving Markers: <input type="checkbox"/> Locations shown on plan. <input type="checkbox"/> Detail shown on plan.	Cut-Sheet: Detail: Plan Sheet:	<input type="checkbox"/>	<input type="checkbox"/>
38.	Emergency Telephone: <input type="checkbox"/> Location shown on plan.	Plan Sheet:	<input type="checkbox"/>	<input type="checkbox"/>
39.	Drinking Water Fountain: <input type="checkbox"/> Location shown on plan.	Plan Sheet:	<input type="checkbox"/>	<input type="checkbox"/>
40.	Lifeguard Chair(s) Number and Chair Height:                      (≥48) inches high	Plan Sheet:		
41.	Perimeter of Pool:                      Feet Lifesaving Equipment (# of Units*) (1 unit per 100' of perimeter):  *Where one unit is one 15" diameter ring buoy attached to 50' of 0.75" line and one ≥12' long life pole or shepherd's crook with blunted ends.			
42.	First Aid Kit (Make and Model):			
43.	Signage (Specific signage language must be included on pool design plans).	Plan Sheet:		

# Design Comments

*(Applicant use)*

**Additional Design Comments:**

*(DPH EEP use)*

**Design Comments:**

**Inspection Comments:**



## ENVIRONMENTAL HEALTH AND DRINKING WATER BRANCH

# Public Pool Application Package

## Required Documentation for Final Approval

All required documents can be accessed on the DPH Public Pools webpage (<https://portal.ct.gov/dph/environmental-health/recreation/public-pools>).

Forms	
<input type="checkbox"/>	Statement of Conformance
<input type="checkbox"/>	Application for Final Inspection

Fees	
<input type="checkbox"/>	\$200 per public pool – check made payable to: Treasurer, State of Connecticut

### Public Pool Final Inspection Request Form Submittal Instructions:

This final inspection application and per pool inspection fee are required to be submitted to DPH **at least two weeks** prior to scheduling a public pool final conformance inspection. It is the applicant's responsibility to call and schedule the final inspection with both DPH (the approving engineer referenced on the approval letter) and the local health department. The pool contractor must be present for the final inspection.

Please ensure that a check for \$200.00 per pool, made payable to the "Treasurer, State of Connecticut," with the pool name and address in the memo section is enclosed with this request form and mailed to:

Environmental Engineering Program,  
Department of Public Health  
410 Capitol Avenue, MS #12SEW  
P.O. Box 340308 Hartford, CT 06134-0308

Checks without the pool name and address in the memo may be returned to the sender.

General questions about the final inspection and the associated requirements may be sent via e-mail to: [DPH.EnviroEng@ct.gov](mailto:DPH.EnviroEng@ct.gov)

This application must be signed by licensed pool contractor and owner or responsible official of the organization, municipality or lessee of the public pool. The signatory attests to this application being made under and in full accordance with Regulation 19-13-B33b of the Regulations of the State of Connecticut. The applicant acknowledges that prior to use of the swimming pool or obtaining a certificate of occupancy from local municipal officials, the applicant shall obtain an inspection from DPH to ensure conformance with approved plans and specifications.

## ENVIRONMENTAL HEALTH AND DRINKING WATER BRANCH

Prior to scheduling a final conformance inspection, both this form and the \$200 inspection fee must be submitted. For inspection requests with multiple public pools at the same location, the fee is per pool.

**Date:**
**Town:**
**Pool Name and Address:**
**Number and Types of Pools:**
**Licensed Pool Contractor:**
**Phone Number:**
**E-Mail:**

*From the checklist below, confirm the design requirements have been constructed/installed according to the approval letter issued by the Department of Public Health and the associated approved plan stamped and signed by a Connecticut licensed engineer or architect. Please note that to facilitate the final conformance inspection components in the checklist must be installed according to the approved design plan.*

Pool and Facilities (refer to approved plans)		
<i>Coping (Installed in Compliance with Thickness Specifications Outlined in the CT Public Swimming Pool Design Guide, Section 10.2)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Depth Markers</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Ladders</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Restrooms (M/F) – Toilets</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Restrooms (M) – Urinal(s)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Drinking Water Fountain</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Showers (with Soap Dispensers)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Recirculation and Treatment Devices (refer to approved plans)		
<i>Inlets installed and constructed per approved plan.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Outlets and Main Drains</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Pumps</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Flow Gauges</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Filters</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Piping Schematics in Equipment Room</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Equipment and/or Chemical Room with Panic Bars</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Deck and Surroundings (refer to approved plans)		
<i>Deck and Deck Drains</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Fencing (if applicable)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Gates and Enclosure Details with Dimensions (Installed in Compliance with the CT Public Swimming Pool Design Guide, Section 17.3)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Electrical and Lighting Components</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Signage and Safety Equipment (refer to approved plans)		
<i>Ring Buoys</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Shepherd's Crook</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Emergency Communication Device</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Signage (Including Language Referenced in PHC §19-13-B33(b))</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>First Aid Kit</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Applicant: Please use the space below to add comments or details from the check list. Any checklist item marked “no” must have an explanation.**


**PUBLIC POOL FINAL INSPECTION REQUEST FORM SUBMITTAL INSTRUCTIONS:**

This final inspection application and per pool inspection fee are required to be submitted to DPH **at least two weeks** prior to scheduling a public pool final conformance inspection. It is the applicant’s responsibility to call and schedule the final inspection with both DPH (the approving engineer referenced on the approval letter) and the local health department. The pool contractor must be present for the final inspection.

Please ensure that a check for \$200.00 per pool, made payable to the “Treasurer, State of Connecticut,” with the pool name and address in the memo section is enclosed with this request form and mailed to:

Environmental Engineering Program,  
Department of Public Health  
410 Capitol Avenue, MS #12SEW  
P.O. Box 340308 Hartford, CT 06134-0308

Checks without the pool name and address in the memo may be returned to the sender.

General questions about the final inspection and the associated requirements may be sent via e-mail to: DPH.EnviroEng@ct.gov

This application must be signed by a licensed pool contractor and owner or responsible official of the organization, municipality or lessee of the public pool. The signatory attests to this application being made under and in full accordance with Regulation 19-13-B33b of the Regulations of the State of Connecticut. The applicant acknowledges that prior to use of the swimming pool or obtaining a certificate of occupancy from local municipal officials, the applicant shall obtain an inspection from DPH to ensure conformance with approved plans and specifications.

Print Name(s) and Title(s):

Signature:

_____	_____
_____	_____

**Please note that a signed Statement of Conformance document is required to be provided at the final inspection.**

ENVIRONMENTAL HEALTH AND DRINKING WATER BRANCH

Statement of Conformance for Public Pools

**Contact Information**

To: Commissioner of Public Health

From: Pool Contractor Name: \_\_\_\_\_  
Pool Contractor Address: \_\_\_\_\_  
Pool Contractor City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Contact E-Mail: \_\_\_\_\_

Re: Pool Owner Organization: \_\_\_\_\_  
Pool Location Address: \_\_\_\_\_  
Pool Location City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Contact E-Mail: \_\_\_\_\_

Date of Plan Approval: \_\_\_\_\_ Date of Pool 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.*

**Required Signatures**

Signature of Construction Supervisor: \_\_\_\_\_

First and Last Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Official, Pool Contractor: \_\_\_\_\_

First and Last Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

*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. This document shall be provided to the State Department of Public Health at the final conformance inspection.*