



Greenwich Department of Health
 101 Field Point Road
 Greenwich, CT 06830
 (203) 987-1001
www.greenwichct.org

SWIMMING POOL INFORMATION FORM

Owner: _____

Address: _____

I hereby certify that the swimming pool will be constructed at the location shown on the attached plan and that any backwash water from the pool filter will be disposed on in accordance with the approved disposal method checked below.

Signature: _____ Date: _____
 (Owner or Representative)

APPROVED DISPOSAL METHODS (CHECK ONE):

	Disposal cartridge filter – No backwashing required.
	Discharge of effluent to a 4 x 4 x 4 dry well filled with 1” crushed stone.
	Discharge of effluent to a separation tank and return of renovated effluent to swimming pool.
	Discharge of effluent to an approved sanitary sewer connection.*
	Other (Describe):

(For Office Use Only)

* Approval for this method must be obtained from the Sewer Department prior to Health Department approval.

SEWER DEPARTMENT APPROVAL

Approved by: _____ Date: _____

HEALTH DEPARTMENT APPROVAL

Approved by: _____ Date: _____