



# Washington Department of Health

Bryan Memorial Town Hall – P.O. Box 383

Washington Depot, CT 06794

(860) 868-0423 ◊ Fax: (860) 868-2819

## Application for Swimming Pool Location/Installation

*\$25 application fee – checks payable to Town of Washington*

Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_

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 Washington Health Department has no septic location drawing on file, please use the area below to sketch location of the home, desired pool location, septic system and well:*

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*For Department of Health Use Only.*

Comments: \_\_\_\_\_

Approved: \_\_\_\_\_ / / By: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_