



TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790
Phone (860) 489-0436 ♦ Fax (860) 496-8243 ♦ E-mail info@tahd.org ♦ Web www.tahd.org
"Promoting Health & Preventing Disease Since 1967"

Swimming Pool And Spa Application

**This is not a building permit.
You must obtain a permit from the Building Inspector prior to any construction.**

Owner	Street #	Street Name	Town	
Mailing Address	Town	ST	Zip	Owner Telephone
Email Address				Cell Phone #
Information Supplied By:		Septic System Designed by:		
Pool Installer:				Type Of Pool:
Above or Below Ground				
Size Of Pool:				
Distance to Well:				Lot Size:
Distance To Septic System:				

The application **must** be accompanied by a **check** made payable to **TAHD** in the amount of:

POOL APPLICATION, NO ADDITIONAL STUDY NEEDED: \$55.00

POOL APPLICATION, ADDITIONAL STUDY NEEDED(B100a): \$150.00

(Returned Check Fee: \$35.00)

Application must be accompanied by a SKETCH (on back) or plot plan showing the relative distances from the proposed pool to the house, well, and septic system. Sketch must be signed by applicant.

Signature of Applicant: _____ Application Date: _____

TAHD USE ONLY BELOW LINE

☐ APPROVED	☐ DENIED	
Existing Records?	Septic Permit Number:	Waiver:
☐ B100a study required	☐ field investigation	
Sanitarian:	Decision Date:	

TAHD is an equal opportunity provider and Employer



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POOL WAIVER

I, _____, propose to install a swimming pool at

my home located on _____

in the town of _____.

I fully understand that the installation of this pool may interfere with the proper functioning of my sewage disposal system. I also understand and agree that if the sewage system does fail in any way, for as long as I own the house, I will have to take whatever corrective measures are deemed necessary, which could include but are not limited to removing the pool and / or replacing the sewage system.

Signed: _____

Dated: _____