

**APPLICATION FOR HEALTH DEPARTMENT APPROVAL  
PRIVATE SWIMMING POOL**

Block \_\_\_\_\_

Lot \_\_\_\_\_

Method of Disposal: Public System \_\_\_\_\_ On-site System \_\_\_\_\_

**The Location and layout of on-site system must be shown on plot plan.**

Closest distance of system to proposed pool \_\_\_\_\_ ft.

*I will manage the discharge of backwash or waste water in a manner that will not allow the accumulation of standing water or any other type of nuisance.*

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Signature of Owner