

STATEMENT OF CONFORMANCE

TO: Commissioner of Public Health

FROM: _____
Name of Pool Contractor Address

RE: _____
Name of Pool Address

DATE OF PLAN APPROVAL: _____ **DATE OF COMPLETION** _____

THIS IS TO CERTIFY THAT THE SUBJECT SWIMMING POOL WAS
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.

Signature of Construction Supervisor

Signature of official, Pool Contractor

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 swimming pool shall have this STATEMENT OF CONFORMANCE signed by the pool construction supervisor and an official of the pool construction firm. The signed statement shall be forwarded to the State Department of Public Health, Division of Environment Health, Recreational Health & Safety Program, 450 Capitol Avenue, MS #51REC, Hartford, Connecticut 06134 prior to use of pool or obtaining a certificate of occupancy from the local municipal officials.