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**_____

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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

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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 of CT, Department of Public Health, Environmental Health Section, 410 Capitol Avenue, PO Box 340308 MS #51REC, Hartford, CT 06134 prior to use of pool or obtaining a certificate of occupancy from the local municipal officials.