



PAID

SEP 13 2024

ALTA-POOL-2024-00297

ASPETUCK HEALTH DISTRICT

# APPLICATION FOR REVIEW OF PLANS FOR PROPOSED SWIMMING POOL/SPA

Please TYPE or PRINT. Complete all items to bold line. Two copies of plot plan must be submitted with this application.

Location: 4 Primrose Lane Street Address Lot Number  Westport  Weston

Owner: Siho Ham Address: 4 Primrose Lane Tel: (917-992-9108)

Built By: R.I. Pools, Inc. - Franco Iannone Address: 24 Merwin Street Tel: (203) 838-0798

<p><b>Type of Pool:</b> <u>Inground gunite pool</u></p> <p><b>Size of Pool:</b> <u>20 x 40</u></p> <p><b>Distance of Pool From:</b></p> <p>Dwelling: <u>25'</u>      Water Course/Wetlands: <u>100'</u></p> <p>Septic Tank: <u>25'</u>      Leaching Area: <u>30' +</u></p> <p>Well: <u>N/A</u></p> <p><b>Drinking Water Supply:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b>Pool Filter:</b></p> <p>Type: <u>Seperation Tank</u> Size: <u>60</u></p> <p>Location (Show on plan): <u>on equipment pad</u></p> <p>Source of water: <u>outside trucking</u></p> <p>Location of draining wastewater discharge, if applicable: <u>N/A</u></p>
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**Brief Description of Application:** New inground, gunite Pool 20' x 40' with autocover, pool patio, Buldo wall, drainage

Has any soil testing been performed on the property?  Yes  No  
If yes, when and by whom? 2020 Justin Giordano

Signed: [Signature] Date: 9/13/24  
Owner or Duly Authorized Representative

### WWHD REMARKS:

- Compliance with 19-13-B100a required.....  Yes  No
- Soils evaluation required.....  Yes  No
- SSDS proposal required.....  Yes  No
- Permit to Construct required (if accessory structures proposed).....  Yes  No
- Surveyors as-built required.....  Yes  No

**Conditions:** maintain minimum of 25' to SW

**APPROVAL:** Approved: [Signature] Date: 9/30/24

**FINAL WWHD INSPECTION REQUIRED AT COMPLETION OF JOB**      Yes  No   
It is the responsibility of the contractor or homeowner to arrange for final inspection.

**Final Inspection**

Final Inspection/Final Approval: \_\_\_\_\_  
Sanitarian Date

**Remarks:** \_\_\_\_\_