



CITY AND COUNTY OF DENVER

DEVELOPMENT SERVICES

Development Services
Wastewater Permits

201 W. Colfax Avenue, Dept 203, Denver, CO 80202

Wastewater Permits Phone: 720-865-3060

Email: WastewaterPermits@denvergov.org

Additional Permitting Info: [Development Services/SUDP](#)

SWIMMING POOL INFORMATION SHEET

INSTRUCTIONS: Complete the questionnaire by filling in the boxes for information on your project and then save as a pdf file to include with your electronic submittal to Wastewaterpermits@denvergov.org (preferred) or print to include with your hardcopy submittal.

Information herein relates to the proposed: swimming pool spa fountain other

Located at: _____

The connections to the sewer facilities shall be as follows (*check all that apply*):

FILTER BACKWASH

-
-
-

Sanitary
Storm
None*

DECK & POOL DRAINS

-
-
-

*If none, specify method of disposal _____

Use of pool shall be:

- | | | |
|------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Club | <input type="checkbox"/> Private |
| <input type="checkbox"/> Community | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> School |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> Public | <input type="checkbox"/> Therapeutic |
| <input type="checkbox"/> Display | <input type="checkbox"/> Other _____ | |

The pool is:

- Indoor Outdoor Covered Not Covered

The gallonage of the pool is:

- | | | |
|---|--|--|
| <input type="checkbox"/> 0 - 5,000 | <input type="checkbox"/> 5,001 - 10,000 | <input type="checkbox"/> 10,001 - 20,000 |
| <input type="checkbox"/> 20,001 - 30,000 | <input type="checkbox"/> 30,001 - 40,000 | <input type="checkbox"/> 40,001 - 50,000 |
| <input type="checkbox"/> 50,001 - 100,000 | <input type="checkbox"/> 100,001 - 250,000 | <input type="checkbox"/> 250,001 - 500,000 |

Drainage Schedule _____

Number & Size of Filter _____

Backwash Schedule _____

Fixed Discharge Rate _____

Type of Filter _____

Number of Pools/Etc. @ Location _____

Additional Special Information _____

The discharge of all waters from this facility shall be permanently controlled to allow no more than 0.5 cubic feet per second or 225 gallons per minute to pass. (Reference - Standard P-4400-502, Disposal of Swimming Waste Waters)

PROPERTY OWNER:

AUTHORIZED AGENT:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____