



BETHEL HEALTH DEPARTMENT

Clifford J. Hurgin Municipal Center, 1 School Street, Bethel, Connecticut 06801
(203) 794-8539 W (203) 794-8145 F - bethelhealth@bethel-ct.gov

LETTER OF AUTHORIZATION

Public Pool Supervisor & Public Pool Water Quality Operator-Tester

_____ is the Public Pool, Pool Supervisor, who is responsible to perform the public pool supervisor duties including assuring that the pool water quality testing, pool equipment, and operations are in compliance with the State of Connecticut, Public Health Code Pool regulations section 19-13-B33b, and including item (7) water quality testing to be done immediately prior to daily opening of the pool for use, tests shall be made to determine the amount of residual disinfectant and the pH. These pool water quality tests shall be repeated at sufficient frequency during periods of bather use to assure that an adequate disinfectant level and pH value are maintained. Whenever tests indicate that an inadequate disinfectant level or inappropriate pH value are present, immediate action shall be taken to reestablish an appropriate disinfectant level and pH value for the pool operations and water quality management for the FY24 Pool Season.

Designated Pool Supervisor

Name: _____

Address: _____

Tel: _____

Emergency Tel: _____

Email: _____

Please allow _____ to act as my agent for the above noted public pool duties for this Pool Season 2024.

_____ is the Public Pool, Pool Operator-Water Quality Tester who is responsible to perform the public pool operator/tester duties including assuring that the pool water quality testing, pool equipment, and operations are in compliance with the State of Connecticut, Public Health Code, Pool regulations section 19-13-B33b, and including item (7) water quality testing to be done immediately prior to daily opening of the pool for use, tests shall be made to determine the amount of residual disinfectant and the pH. These pool water quality tests shall be repeated at sufficient frequency during periods of bather use to assure that an adequate disinfectant level and pH value are maintained. Whenever tests indicate that an inadequate disinfectant level or inappropriate pH value are present, immediate action shall be taken to reestablish an appropriate disinfectant level and pH value for the pool operation and water quality management for the FY24 Pool Season.

Designated Pool Operator-Water Quality Operator/Tester

Name: _____

Address: _____

Tel: _____

Emergency Tel: _____

Email: _____

Please allow _____ to act as my agent for the above noted public pool duties for this Pool Season 2024

Public Pool Owner Signature and Condominium Board Association Title

Print Name and Condominium Board Association Title

Address: _____

Tel: _____

Email: _____