

ASHTABULA COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES  
SWIMMING POOL SEWER CREDIT

**Section 1 - Customer Account Information**

DATE: \_\_\_\_\_

CHECK ONE:  Ashtabula County Water  Aqua Ohio Water

APPLICANT'S NAME: \_\_\_\_\_

ACDES ACCOUNT #: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

TOWNSHIP/CITY: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

*If different than Service Address*

**Section 2 - Swimming Pool Dimensions & Information**

DATE(S) POOL WAS FILLED: \_\_\_\_\_

CHECK ONE:  Partial Fill  Complete Fill

RECTANGULAR POOL DIMENSIONS: LENGTH (ft) \_\_\_\_\_ WIDTH (ft) \_\_\_\_\_ DEPTH (ft) \_\_\_\_\_

CIRCULAR POOL DIMENSIONS: DIAMETER (ft) \_\_\_\_\_ DEPTH (ft) \_\_\_\_\_

**Section 3 - Certification by Applicant as to Accuracy of Information**

*By signature below, the Applicant acknowledges and asserts that the information provided herein is true and accurate to the best of the Applicant's knowledge, and that the swimming pool contemplated under this Application can by no means drain to a public sanitary sewer. Applicant, by signature below, also acknowledges that any Sewer Credit contemplated under this Application will be denied if the billing information by actual meter read finds Applicant's information to be unreasonably inaccurate or false. This Application further grants the Ashtabula County Department of Environmental Services express permission to access Applicant's premises to verify swimming pool conditions (i.e. dimensions, evidence of pool filling) contemplated under this Application for Sewer Credit.*

\_\_\_\_\_  
*Signature of Applicant as Named on Account*

\_\_\_\_\_  
*Date of Application*

**DO NOT COMPLETE INFORMATION BELOW - TO BE COMPLETED BY THE ACDES DIRECTOR ONLY**

Total Consumption to be Credited: \_\_\_\_\_ Gallons \_\_\_\_\_ HCF

Total Sewer Credit to be Applied: \$ \_\_\_\_\_

Name of Receiving WWTP: \_\_\_\_\_

*"ATB" - Ashtabula City; "COF" - Coffee Creek; "MEAD" - Meadowood; "DRIF" - LCDU; "ASH" - Ashcraft; "HOL" - Holiday*

CREDIT APPROVED

CREDIT DENIED

*Reason for Denial:*

SIGNATURE



\_\_\_\_\_  
*Director ACDES*

\_\_\_\_\_  
*DATE*