

SWIMMING POOL SEWER ADJUSTMENT
CLARKSBURG SANITARY BOARD

APPLICANT'S NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

DID YOU RECEIVE A POOL ADJUSTMENT LAST YEAR? YES NO

- This form must be completed in its entirety and verified before an adjustment will be made.
- Please allow four (4) to eight (8) weeks before receiving a credit. Please continue to pay your water bill as usual.
- Once verified and approved, you will receive a letter from the City of Clarksburg stating the amount of credit and the date the information was submitted to the Clarksburg Water Board.
- Only one (1) adjustment per year will be granted by the Sanitary Board

ALL REQUESTS FOR ADJUSTMENT MUST BE SIGNED AND DATED. NO EXCEPTIONS.

1. **New Pool:** **YES** **NO**

2. **Date when the pool was filled:** _____

3. **Depending on the shape of the pool, we may need the following measurements:**

Shape of the Pool (check one): _____ Rectangle _____ Round _____ Oblong _____ Oval

Length: _____ **Width:** _____ **Depth (shallow):** _____ **Depth (deep):** _____

4. **Approximate gallons to fill pool per Manufactures Manual:** _____

5. **Amount of water in the pool before filling (check one):**

_____ Empty _____ Quarter _____ Half Full _____ Three-quarter Full

Signature _____ Date _____
(Person requesting adjustment)

MAILING ADDRESS: CITY OF CLARKSBURG
ATTN: ACCOUNTING
222 WEST MAIN STREET
CLARKSBURG, WV 26301

CONTACT: CHERIE GREATHOUSE 304-624-1584
LISA THOMPSON 304-624-1664
FAX 304-627-2812

FOR OFFICIAL USE ONLY

1. Verification that water will not empty into sewer system:

By whom: _____ Date: _____

2. Verification of pool size:

By whom: _____ Date: _____

- Calculation: _____
- Gallons: _____
- Rate per gallon \$ _____

Approved – Approved by: _____

Denied – Reason for Denial: _____

Signature: _____ Date: _____