

STATE OF INDIANA     )  
  )  
WARRICK COUNTY     )

SWIMMING POOL – FILL AFFIDAVIT  
BOONVILLE WASTEWATER DEPARTMENT

Date \_\_\_\_\_ Account # \_\_\_\_\_

The undersigned petitioner being duly sworn upon his/her oath deposes and says that water was used for filling a **NEW** swimming pool.

Address \_\_\_\_\_

Pool Filled On/Or about the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and that the

Water did not go into the Boonville Wastewater System. Petitioner understand that any adjustment received for a **NEW** pool filling is a one-time (1) adjustment any time, and is based on dimension of the pool.

Size of Rectangle Pool: length \_\_\_\_\_ width \_\_\_\_\_ depth \_\_\_\_\_ depth \_\_\_\_\_

Size of Round Pool: diameter \_\_\_\_\_ radius (½ of diameter) \_\_\_\_\_ depth \_\_\_\_\_

If not totally filled how many feet added \_\_\_\_\_.

Petitioner’s Signature \_\_\_\_\_

Petitioner’s Printed Name \_\_\_\_\_

Petitioners Phone Number \_\_\_\_\_

Gallons to be adjusted \_\_\_\_\_ Sewer Balance to be adjusted \_\_\_\_\_

Approved **YES** **NO**

Board of Public Works Signatures \_\_\_\_\_

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