

**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

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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: \_\_\_\_\_