

COMMONWEALTH OF MASSACHUSETTS WESTWOOD BOARD OF HEALTH

Application is hereby made for a permit to operate a public or semi-public swimming, wading or special purpose pool. This pool is to be operated according to the minimum standards set forth in the State Sanitary Code, Chapter V, 105 CMR 435.000.

FEE \$150.00

POOL NAME: _____

POOL LOCATION: _____

PUBLIC _____ SEMI PUBLIC _____ WADING POOL _____

SPECIAL PURPOSE POOL (HOT TUB) _____

NAME OF CERTIFIED POOL OPERATOR (CPO): _____ REG. # _____

PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

SWIMMING /WADING/SPECIAL PURPOSE POOL INFORMATION
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Length:	Width:	Volume:
How many square feet in swimming area?	Square feet in non swimming area?	Square feet in Diving area?
Maximum Pool Capacity/Bather Load	Pool Gallons	Number of Lifeguards on duty at all times pool is open
Source of pool water?	Wastewater disposal method?	Decking material?
Width of deck around pool?	Trim & finish of pool walls & bottom	Scum gutter?

MECHANICAL INFORMATION

Filter Type _____

Total filter area (sq. ft)	Circulation rate, (g.p.m)
Backwash rate(g.p.m.)	Turnover rate(hours)
Chlorinator type	Capacity (lbs.)
# Of chemical feeders	Capacity (lbs.)

REMARKS _____

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Print Name: _____

Signature of
Applicant _____ Date _____

Permit Fees are Non-Refundable