

Town of South Hadley
Board of Health

APPLICATION FOR A PERMIT TO OPERATE A SWIMMING POOL

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

OWNER _____ Tel. no. _____

LOCATION _____

TYPE OF POOL _____ LENGTH _____ WIDTH _____ VOLUME _____

SKETCH _____ (A detailed plan must be filed with original application)

SIZE: SWIMMING AREA _____ NON SWIMMING AREA _____ DIVING AREA _____

SOURCE OF WATER _____

DISPOSAL OF SEWAGE AND WASTE WATER _____

TYPE OF FINISH _____ SCUM GUTTER _____

DECK: TYPE AND FINISH _____ SKIMMER: WEIR LENGTH _____

TREATMENT SYSTEM _____ (kind of filters)

DISINFECTION METHOD _____ (method, type, capacity etc.)

CHEMICAL TREATMENT _____ (feeders, capacity, quantity, etc.)

REMARKS _____

SIGNED _____

DATE _____

PERMITS EXPIRE ON DECEMBER 31ST . FEE _____

