APPLICATION FOR PERMIT TO OPERATE A SWIMMING, WADING OR SPECIAL PURPOSE POOL

By Authority of Boston Public Health Commission

Application is hereby made for a permit to operate a: Public ___ Semi-Public ___ Indoor ___ Outdoor ___
Swimming Pool ___ Wading Pool ___ Special Purpose Pool ___

Name of Facility ____________________________________________________________

Address ___________________________________________________________________

Name of Certified Pool Operator _____________________________________________

Owner ___________________________________________________ Phone #: __________

Home Address __________________________________________________________________

Signature ___________________________________________________________________

Following section to be completed only for original application:

Sketch:
Length of Pool _______________ Width of Pool _______________ Depth of Pool __________
Volume in Gallons _______________ Source of Water ________________________________
Size: Swimming Area (sq. ft.) 5 feet deep or greater _____________________________
Size: Non Swimming Area (sq. ft.) under 5 feet deep ______________________________
Diving Area: Yes ___ No ___
Total Sq. Ft. _____________ Maximum bather load ____ Number of lifeguards required ____

Mechanical information:
Filter(s): Kind __________________ Turn over rate in hours ____________

Automatic Chlorinator: Yes ___ No ___ Capacity ________________
(Pounds per 24 hrs. per 10,000/15,000 gal)

Emergency shut off switch for special purpose pool: Yes ___ No ___ N/A ___

Trim and Finish:
Pool walls and bottom: ____________________________ Color: ______________________

Four (4) inch wide non-swimming area boundary line on bottom and walls of pool: Yes ___ No ___ N/A ___

Skimmers:
In the wall ___ Number _________
Perimeter Channel ____________

Main drain(s):
Anti-vortex in design: Yes ___ No ___ Cover can only be removed with use of tools: Yes ___ No ___

REMARKS ___________________________________________________________________

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