

SPRINGFIELD HEALTH & HUMAN SERVICES 311 STATE STREET SPRINGFIELD, MA. 01105

PHONE: 413-787-6740 FAX: 413-787-6458

APPLICATION FOR PERMIT TO OPERATE A SWIMMING POOL/WHIRLPOOL/WADING POOL

DATE:	NEW APPLIC	ATION	RENEWAL APPLICATION:			
()\$100 YEAR <u>OUTD</u>	MI-PUBLIC OR SWIMMING POOL () DOR SEASONAL SWIMMII CHECK/MONEY ORDER PA	NG POOL	WADING POOL	YES		
NAME OF ESTABLISHME	NT:					
POOL LOCATION:						
	STREET	CITY	STATE	Ξ	ZIP CODE	
OWNER: (PRINT)			PHONE #:			
	STREET	CITY	STATE	E	ZIP CODE	
PROVIDE A BLUEPRINT/S	SKETCH DETAILED PLAN (MI	UST BE FILED	WITH NEW APPLI	ICATION ONLY	<u>) </u>	
LENGTH:ft. WID1	TH:ft VOLUME:					
SWIMMING AREA OVER	5FT. IN DEPTH:sq.	ft. NON-SI	WIMMING AREA 5 FT.	. OR LESS IN DI	EPTH:sq. ft	
DIVING AREA (MIN. 300	SQ. FT.):	Р	ART OF SWIMMING A	AREA (SQ. FT.):		
TYPE OF FINISH:		_	SCUM GUTTER:			
DECK (TYPE AND WIDTH		SKIMMERS (WEIR LENGTH):				
HEIGHT OF FENCE ENCL		MAXIMUM BATHING LOAD CAPACITY:				
HOURS OF OPERATION:		AVERAGE DAILY ATTENDANCE:				
ARE LIFEGUARDS PRESENTLY PROVIDED?			IF SO, HOW MANY?			
SOURCE OF WATER:						
WATER TREATMENT SYS	STEM (TYPE OF FILTERS, ET	C				
DISINFECTION METHOD	(METHOD, TYPE, CAPACITY	, ETC.)				
CHEMICAL TREATMENT	(FEEDERS, CAPACITY, QUA	NTITY, ETC.)				
METHOD OF SEWAGE AN	ID WASTE WATER DISPOSAL	:				
**						

APPLICANT'S SIGNATURE & TITLE

SOCIAL SECURITY OR FEDERAL I.D. #

PURSUANT TO M.G.L., CHAPTER 62C, SECTION 49A, I CERTIFY UNDER PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF HAVE FILED ALL STATE RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

APPLICATION IS HEREBY MADE FOR A PERMIT TO OPERATE A PUBLIC, SEMI-PUBLIC, WADING, OR SWIMMING POOL. THIS POOL IS TO BE OPERATED ACCORDING TO THE MINIMUM STANDARDS FOR SWIMMING POOLS SET FORTH IN TITLE II OF THE STATE ENVIRONMENTAL CODE OF THE COMMONWEALTH OF MASSACHUSETTS. ALL PERMITS SHALL EXPIRE ONE YEAR FOLLOWING THE DATE OF ISSUE AND MAY BE REVOKED FOR CAUSE AT ANY TIME BY THE SPRINGFIELD DEPARTMENT OF HEALTH AND HUMAN SERVICES