

EMERGENCY TELEPHONE CONTACT NAME AND COMPLETE ADDRESS

HOURS OF OPERATION (DAY AND TIME) _____

TYPE OF WATER TREATMENT _____

MAXIMUM NUMBER OF BATHERS (at any one time) _____

NUMBER OF LIFEGUARDS (on duty at any one time) _____

The results of a bacteriological analysis of the water must be submitted to this office prior to issuing a permit. The water must be collected, analyzed, and meet the standard given in 105 CMR 435.28.

The operator shall maintain a current written record of all data pertaining to the operation and condition of the pool and shall keep it available for inspection by the Board of Health at all reasonable times. The record shall include daily attendance, amounts and types of chemicals used daily, results of chemical and bacteriological test, dates and times of emptying and cleaning the pool and backwashing of filters, the daily number of hours of operation of purification equipment, and any other pertinent information which the Board of Health may require.

All permits expire December 31ST following the date of issue. Application for a permit shall be made to the Board of Health at least 15 days before the expiration of a permit or at least 15 days before the opening of swimming, wading or special purpose pool.

I hereby declare that the above statements made on this application for an Application for a SEMI-PUBLIC POOL license are complete and true.

Pursuant to Massachusetts General Laws Chapter 62C, section 439A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

TAXPAYER IDENTIFICATION #

APPLICANT SIGNATURE

DATE