



**TOWN OF MEDFIELD**  
**Board of Health**

TOWN HOUSE  
459 MAIN STREET  
MEDFIELD, MASSACHUSETTS 02052  
Tel: 508-906-3006 Fax: 508-359-6182

**Application for Permit to Operate a  
Swimming, Wading or Special Purpose Pool**

Application is hereby made for a permit to operate a:

Public       Semi-Public  
 Indoor       Outdoor  
 Swimming Pool       Wading Pool       Special Purpose Pool

Owner / Applicant: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Contact info: \_\_\_\_\_ email: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Name of Certified Pool Operator: \_\_\_\_\_

Contact info: 24 hr telephone: \_\_\_\_\_ email: \_\_\_\_\_

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.

Signature of Owner/Applicant: \_\_\_\_\_

## Dimensions

Length of Pool \_\_\_\_\_ Width of Pool \_\_\_\_\_ Depth of Pool \_\_\_\_\_

Volume (in gallons) \_\_\_\_\_ Source of Water \_\_\_\_\_

Size: Swimming Area (sq ft) 5 ft deep or greater \_\_\_\_\_

Size: Non-swimming area (sq ft) under 5 ft deep \_\_\_\_\_

Diving Area:      yes      no      (circle)

Total Sq Ft \_\_\_\_\_ Max bather load \_\_\_\_\_ # of lifeguards \_\_\_\_\_

## Mechanical Information

Filter(s)      Type: \_\_\_\_\_ Turnover Rate in hours \_\_\_\_\_

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Automatic Chlorinator:      yes      no      Capacity \_\_\_\_\_ (lbs per 24 hrs / per 10,000 / 15,000 gal)

Emergency shut off switch for special purpose pool      yes      no

## Trim & Finish

Pool walls and bottom: \_\_\_\_\_ color \_\_\_\_\_

Four (4) inch wide non-swimming area boundary line on bottom and walls of pool      yes      no

## Skimmer

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

## Staff Information

Please include all staff name, title and contact information who will be responsible for the pool testing. Please include certified pool operator and all lifeguard certifications, attach a separate sheet if necessary.