



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 _____

 Type: _____ Turnover Rate in hours _____

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.