

TOWN OF EASTON



BOARD OF HEALTH

136 ELM STREET
NORTH EASTON, MA 02356-0129
Tel. (508) 230-0620

APPLICATION FOR A PERMIT TO OPERATE A SWIMMING POOL

Application is hereby made for a permit to operate a public, semi-public or wading pool. This pool is to be operated according to 105 CMR 435.000: Minimum Sanitations for Swimming Pools (State Sanitary Code, Chapter V).

Date: _____

Owner: _____ Telephone: _____

Location of Pool: _____

Type of Pool: _____ Length: _____ Width: _____ Volume: _____

Size: Swimming Area: _____ Non-Swim Area: _____ Diving Area: _____

Source of Water: _____

Disposal of Sewage and Waste Water: _____

Type of Finish: _____ Scum Gutter: _____

Deck: Type and Width: _____ Skimmers: _____ Weir Length: _____

Treatment System: (Kind of Filters, etc.) _____

Estimated Closing Date: _____

Disinfection Method: (Method, Type, Capacity, etc.) _____

Chemical Treatment: (Feeders, Capacity, Quantity, etc.) _____

Remarks: _____

A detail plan must be filed with the original application.

Gated Communities: Access Code: _____

Contact Name

Telephone Number

Signature

Mailing Address

Telephone Number

FEE \$75.00, PAYABLE TO TOWN OF EASTON. Permits expire at the end of the calendar year

OFFICE USE ONLY

COMMENTS

- _____ *Fee*
- _____ *W.C. Affidavit*
- _____ *W.C. Dec. Page*
- _____ *Water Quality*
- _____ *CPO Certification*
- _____ *Lifeguard Cert. (If Necessary)*
- _____ *Design Construction Plan*

Office Initial – Appl. Complete _____