Billerica Health Department

Town Hall
365 Boston Road
Billerica, MA 01821
Telephone (978) 671-0931
Web Site www.town.billerica.ma.us

APPLICATION FOR A PERMIT TO OPERATE A SWIMMING POOL

Application is hereby made for a permit to operate a public, semi-public, wading, or special purpose pool. This pool is to be operated according to the minimum standards for swimming pools set forth in Chapter V of the Sanitary Code of the Commonwealth of Massachusetts and the Billerica Board of Health Rules and Regulations, Chapter3, Section 11.

FEE _____

OWNER_____ TELEPHONE _____

E-MAIL ADDRESS_____

LOCATION _____

EMERGENCY PERSON: NAME _____HOME #_____Cell #_____

TYPE OF POOL (check one): PUBLIC_____ SEMI PUBLIC _____ SPECIAL PURPOSE_____ WADING POOL_____

DAYS/HOURS OF OPERATION: _____

LENGTH_____ WIDTH_____ VOLUME_____ DEPTH (DEEP END) _____

PLAN REQUIRED (A detailed plan must be filed with original application)

ADDITIONAL FACILITIES_____

SIZE: SWIMMING AREA_____ NON SWIMMING AREA_____ DIVING AREA_____

NUMBER OF LIFE GUARDS ON STAFF _____ (submit required certifications with application) BATHER LOAD _____

NAME OF CERTIFIED POOL OPERATOR _____(submit copy of CPO Certification)

SOURCE OF WATER_____DISPOSAL OF SEWAGE_____

DISPOSAL OF WASTE WATER and BACKWASH WATER_____

TYPE OF POOL FINISH_____ SCUM GUTTER_____

DECK: TYPE AND WIDTH_____ SKIMMERS: WEIR LENGTH_____

METHOD OF WATER TREATMENT (water circulation and filtration systems) _____
_____

FLOW RATE _____ gpm NUMBER OF TURNOVERS _____

CHEMICAL TREATMENT SYSTEM:(include method of introduction, equipment, feed-rate capacity, quantities used daily, etc.)

1) Disinfection Method _____
_____

2) Other Chemicals (pH control, etc.) used _____
_____

REMARKS_____
_____

TITLE_____ SIGNED_____ Date_____