

TOWN OF BEDFORD

BEDFORD, MASSACHUSETTS 01730

HEALTH AND HUMAN SERVICES

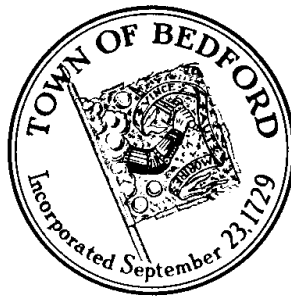
Health Department

Town Center Building - 12 Mudge Way

Bedford, MA 01730-2144

Phone: 781-275-6507

Fax: 781-687-6157



Heidi Porter, MPH, REHS/RS, Health and Human Services Director

Katharine Dagle, Assistant Health Director

APPLICATION FOR A PERMIT TO OPERATE A SWIMMING POOL

Permit Fee: \$150.00 (Per Pool)

Late Fee (If not received by Deadline Date): \$50.00

Application is hereby made for a permit to operate a public, semi-public, or wading pool. This pool is to be operated according to the minimum standards for swimming pools set forth in Article VI of the Sanitary Code of the Commonwealth of Massachusetts.

OWNER _____ TEL. _____

EMERGENCY (24/7) CONTACT NAME _____ TEL. _____

E-MAIL ADDRESS _____

LOCATION _____

Type of pool: (check all that apply) Swimming Lap Diving Wading (< 2 ft.)
 Special purpose (hot tub, spa)

Size: *Reminder: Swimming = area over 5 ft. deep. Non-Swimming = area under 5 ft. deep*

Swimming Area (sq. ft.) _____ Non Swimming Area (sq. ft.) _____

Diving Area _____

Pool Design:

Length _____ Width _____ Diameter (if applicable) _____

Volume (in gallons) _____ Depth _____ to _____ Total Surface Area _____

Are there any projections into the pool? If yes, explain: _____

Water Depth Markings, Lines, and Striping: tiled or painted? _____

How many Ladders or step-holes into the pool? _____

Will recessed stair steps be used? _____

Width of walkway around pool (unobstructed) _____ Material of walkway _____

Color of pool inside _____ Will water slide be used? _____

Will diving platforms, blocks, or boards be used? _____

Source of Water _____ Disposal of Sewage and Waste Water _____

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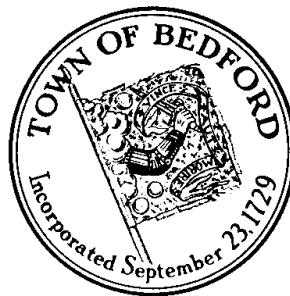
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Treatment System:

Type of Filter _____ Square Footage of Filter Surface Area _____

Turnover Rate (GPM) _____ Type of Skimmers _____

Number of Skimmers _____ Disinfection method _____ Chemical Treatment _____

Number of Return Inlets _____ Will a balancing or float control tank be used? _____

Will over the rim fill spout be used? _____ If yes, location? _____

Number of main drains _____ *Must be V.G.B compliant*

Enclosures:

Height of fence around swimming pool _____

Material & type of fence _____

Height of gate at entrance _____ Height from ground to self-closing latch _____

Lifeguards & Safety Equipment:

Will Lifeguards be provided? _____ If yes, during all hours? _____

Describe emergency communication system at pool _____

If Spa or Wading Pool: Is there an accessible emergency shut off pump switch? _____

Sanitary Facilities:

How many toilets for each sex? Male _____ Female _____

How many sinks for each sex? Male _____ Female _____

How many showers are available for each sex? Male _____ Female _____

Hose connection provided for cleaning floors (dressing rooms, bathhouse, pool deck)? _____

Filter/ Chemical Room:

Is the room able to be properly vented? _____ Are chemicals stored off the ground? _____

Are CO2 tanks anchored or chained to the wall? _____ Is piping labeled? _____

Where is the secondary containment for chemical storage in case of spill? _____

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Health Department may nullify final approval.

Date: _____

Signed: _____

OUR VISION: *Helping people lead healthy lives in Bedford through knowledge and education while safeguarding the Public's Health.*