

# TOWN OF WARE

## Board of HEALTH

Application for a Permit to Operate A Swimming Pool  
105 CMR 435.000 Minimum Standards for Swimming Pools

(Please Print or Type)

1. Location of Pool: \_\_\_\_\_

2. Owner: \_\_\_\_\_

3. Name and Title of Person in Charge of Pool during the Swimming Season:

\_\_\_\_\_

On site phone: \_\_\_\_\_

Realty Company, if any Office Phone: \_\_\_\_\_

Certified Pool Operator: name/# \_\_\_\_\_

(Attach copy of certificate)

4. Circle Type:           Swimming           Wading           Whirlpool   Hot Tub Indoor Outdoor

5. Hours of Operation: M-F \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

6. # of Lifeguards Present During Hours of Operation \_\_\_\_\_

7. Physical Description: Length \_\_\_\_\_ feet Width \_\_\_\_\_ feet Slide Diving Board \_\_\_\_\_

Size of the Swimming Area \_\_\_\_\_ Sq.Ft.

(To determine the swimming area: Measure the length of the pool from the five foot depth marking to the deepest end and measure the width of the pool. Multiply the length by the width. If a diving board is present, subtract 100 square feet from the total square foot measurement.)

Size of Non-Swimming Area \_\_\_\_\_ Sq. Ft.

(To determine the non-swimming area: Measure the length of the pool from the shallow end up to the five-foot depth marking. Measure the width of the pool. Multiply the length by the width.)

Maximum Capacity: \_\_\_\_\_ Calculated Flow Rate \_\_\_\_\_ (gpm) Turn over Rate \_\_\_\_\_ (per hr)

8. Water Circulation and Filtration: Briefly describe the water circulation and filtration system (method of chlorination, water turnover rate, etc.)

9. I, the undersigned certify under the penalties of perjury that the applicant has filed all state/local tax returns and paid all state taxes as required by law. (MGL Chap 62c s 49A).

\_\_\_\_\_

\_\_\_\_\_

Signature of Person Completing Form

Date