

# FRANKLIN HEALTH DEPARTMENT

355 East Central Street, Franklin, MA 02038

Telephone (508) 520-4905

FAX (508) 520-4989

NEW: YES/NO

RENEWAL: YES/NO

CALENDAR YEAR: \_\_\_\_\_

FEE AMOUNT: \$50.00

## APPLICATION FOR A PERMIT TO OPERATE A SWIMMING POOL/SPA/SPLASH PAD

Check one:      Swimming Pool ( )      Spa ( )      Splash pad ( )

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. NO. \_(\_\_\_\_)\_\_\_\_\_

LOCATION \_\_\_\_\_

TYPE OF POOL \_\_\_\_\_ LENGTH \_\_\_\_\_ WIDTH \_\_\_\_\_ VOLUME \_\_\_\_\_

SKETCH \_\_\_\_\_ (A detail plan must be filed with original application)

SIZE: SWIMMING AREA \_\_\_\_\_ NON SWIMMING 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 ) \_\_\_\_\_

DISINFECTION METHOD \_\_\_\_\_ (Method, type, capacity, etc) \_\_\_\_\_

CHEMICAL TREATMENT: \_\_\_\_\_ (Feeders capacity, quantity, etc) \_\_\_\_\_

REMARKS \_\_\_\_\_

\_\_\_\_\_

CPO NAME \_\_\_\_\_

Please note: CPO's for each pool should contact this office for an inspection before the pool can be opened for the season.

DATE \_\_\_\_\_

SIGNED \_\_\_\_\_