



# TOWN OF DALTON

Board of Health

462 Main Street

Dalton, MA 01226

Tel (413) 684-6111 Ext. 20

Email: efahey@dalton-ma.gov

## APPLICATION FOR A PERMIT TO OPERATE A PUBLIC OR SEMI-PUBLIC SWIMMING POOL

Owner: \_\_\_\_\_

Certified Pool Operator (attach certification): \_\_\_\_\_

Location Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Contact Person: \_\_\_\_\_

Type of Pool \_\_\_\_\_ Size (L x W) \_\_\_\_\_

Area Ft<sup>2</sup>: Swimming \_\_\_\_\_ Non-Swimming \_\_\_\_\_ Diving: \_\_\_\_\_

Maximum Pool Capacity (persons): \_\_\_\_\_ Volume (Gal) \_\_\_\_\_

Water Source: \_\_\_\_\_

Disposal of Backwash Water: \_\_\_\_\_

Trim & Finish: Pool Walls and Bottom: \_\_\_\_\_

Decking Type: \_\_\_\_\_ Minimum Width: \_\_\_\_\_

Filtration Type: \_\_\_\_\_ Total Filter Area Ft<sup>2</sup>: \_\_\_\_\_

Circulation Rate GPM: \_\_\_\_\_ Backwash Rate GPM: \_\_\_\_\_

Turn Over Rate in Hours: \_\_\_\_\_

Disinfection Method: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Application Approved By \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT DUE WITH APPLICATION (\$100.00)**