

**Town of Hubbardston
BOARD OF HEALTH**

APPLICATION FOR A PERMIT TO OPERATE A SWIMMING POOL

Permit Fee: \$50.00
Inspection Fee: \$75.00

Application is hereby made for a permit to operate a public, semi-public, of 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: _____

Telephone Number: _____

Location: _____

Type of Pool: _____ Length: _____ Width: _____ Volume: _____

Sketch: (A detailed 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, etc.) _____

Disinfection Method: (Method, type, capacity, etc.) _____

Chemical Treatment: (Feeders, capacity, quantity, etc.) _____

Remarks: _____

Date: _____ Signature: _____

Permit expires on December 31 current year