

Fee: \$20 (annual)

\$20 (seasonal: May 1 – Oct 31)



## Town of West Stockbridge Board of Health

PO Box 81, West Stockbridge, MA 012666

### Application for a Permit to Operate a Swimming Pool, Hot Tub, or Spa

*All applications must be filled out completely and legibly.*

Application is hereby made for a permit to operate a public or semi-public swimming pool, wading pool, hot tub, or spa. Signing this permit certifies that the applicant will operate the pool according to **105 CMR 435.000 Minimum Standards for Swimming Pools (State Sanitary Code, Chapter V)**. The fee for this permit is payable upon application. A separate application and fee must be filed for each pool, spa, or hot tub.

\_\_\_ New License                      \_\_\_ Renewal                      \_\_\_ Swimming Pool                      \_\_\_ Hot Tub

\_\_\_ Seasonal                      \_\_\_ Year Round                      \_\_\_ Dates Open

Owner \_\_\_\_\_ Telephone # \_\_\_\_\_

Pool Location \_\_\_\_\_

Pool Operator \_\_\_\_\_ Telephone # \_\_\_\_\_

Date of Certification \_\_\_\_\_

(Include a copy of the certification; no permits will be issued unless the pool has a Certified Pool Operator.)

#### Pool Information

**Description:** Length \_\_\_\_\_ ft.                      Width \_\_\_\_\_ ft.                      Volume \_\_\_\_\_ gallons

Swimming Area \_\_\_\_\_ sq. ft.                      Non-swimming area \_\_\_\_\_ sq. ft.

Diving Area \_\_\_\_\_ sq. ft.                      Maximum Capacity \_\_\_\_\_ persons (435.027)

Number of Skimmers \_\_\_\_\_                      Skimmer Weir Length \_\_\_\_\_ feet

**Decking:**                      Type \_\_\_\_\_                      Width \_\_\_\_\_ feet                      Fence Height \_\_\_\_\_ ft.

Water Source \_\_\_\_\_                      Sewage/Wastewater Disposal \_\_\_\_\_

#### Filtration System

Type of Filters \_\_\_\_\_                      Total Filter Area \_\_\_\_\_ sq. ft.

Circulation Rate \_\_\_\_\_ gpm                      Backwash Rate \_\_\_\_\_ gpm

Turnover in Hours \_\_\_\_\_                      Rate in Hours \_\_\_\_\_

#### Disinfection System

Type of Chlorinator \_\_\_\_\_                      Capacity \_\_\_\_\_ gallons or tablets.

Additional Information / Comments

Date of Application \_\_\_\_\_

Signature of Applicant \_\_\_\_\_