

Medford Board of Health
Swimming Pool Operation Application

(Check one of each category)

☐ **Initial Application** ☐ **Renewal Application**

Type of Pool: ☐ **Swimming** ☐ **Wading** ☐ **Special Purpose** ☐ **Spa**

Pool Use: ☐ **Public** ☐ **Semi-Public** ☐ **Private**

Include: ☐ Application ☐ Application Fee of **\$150.00** Outdoor ☐ Application Fee of **\$300.00** Indoor

Name of Establishment _____

Address: _____

Telephone Number: _____

Owner Name: _____

Certified Pool Operator Name: _____

Home Address: _____

Home Telephone Number _____

POOL GENERAL INFORMATION

Length _____ Width _____ Volume (gallons) _____

Source of Water _____

Size: Swimming Area (Sq Ft.) _____ Non-Swimming Area (Sq Ft) _____
 Diving Area (Sq Ft) _____ Maximum Pool Capacity (persons) _____

Trim & Finish: Pool Walls & Bottom _____

Decking: Type _____ Minimum Width _____

MECHANICAL INFORMATION

Filters: Type _____

Total Filter area (Sq Ft) _____ Circulation rate (gal per min) _____

Backwash rate (gpm) _____ Turnover rate (in hours) _____

Skimmers: Weir Length _____ Number _____

Chlorinator: Type: _____ Capacity _____

Chemical Feeders: _____ Capacity (lbs) _____ Quantity _____

I, _____ have read and understood 105 CMR 435.000 Minimum Sanitation for
(Name of Operator)

Swimming Pools (State Sanitary Code, Chapter V). I further agree to comply with the regulations and understand that any violation will at least, but not limited to a fine or closure of the establishment.

(Signature of Certified Pool Operator and/or Owner)

(Date)