



TOWN OF FRAMINGHAM
Department of Public Health
150 Concord Street
Framingham, MA 01702-8368

Physical Office Location: 31 Flagg Drive, Door 14 Framingham, MA

Board of Health
Michael R. Hugo, Esq., Chairman
Laura T. Housman, MPH, Secretary
David W. Moore, M.D.

Director of Public Health
Michael Blanchard, MS, REHS/RS

Tel: (508) 532-5470
Fax: (508) 620-4833
health@framinghamma.gov

Application for a Permit to Operate a Swimming Pool

Fill out one application for each type of pool. An Application is hereby made for a permit to operate a public, semi-public, whirlpool or wading pool. This pool is to be operated according to the Minimum Standards for Swimming Pools (Article V of the Sanitary Code) 105 CMR 435.00.

POOL INFORMATION

Pool Name: and Address: _____
Mailing Address: _____
Owner of the Pool: _____
Business Phone: _____
Business Email: _____
Certified Pool Operator: _____

Circle the type of pool: public semi-public whirlpool wading pool

Provide the Physical Dimensions:

Total Length: _____ Total Width: _____ Total Gallons: _____

BATHER LOAD CAPACITY

Portions of the pool over five feet in depth shall be designated as the "swimming area" (S.A.). Portions of the pool under 5 feet in depth shall be designated as the "non-swimming area". Twenty square feet is required for each person in the S.A. Fifteen square feet is required for each person in the Non S.A. Ten square feet is required for each person in the special purpose pool.

S.A. Length: _____ S.A. Width: _____ Number of Swimmers: _____

Non. S.A. Length: _____ Non. S.A. Width: _____ Number of Non Swimmers: _____

CIRCLE THE CORRECT RESPONSE

Water Source: public private other: _____

Sewage Disposal: public private other: _____

Pool Water Disposal: public private other: _____

Pool finish: gunite concrete tile other: _____

Overflow channel (scum gutter) length: _____ Skimmer weir length: _____

Deck width: _____ Deck finish: gunite concrete tile other: _____

Filtration systems: diatomaceous earth with Separation Tank
 sand cartridge filters other: _____

Chemical sanitizers: chlorine bromine other: _____

FEED RATE CAPACITY

Purification Systems: Hypo chlorinators shall be dependable in operation and equipped with a calibrated controlling device capable of being finely adjusted to the required rates and shall have a feed rate capacity of at least three pounds of chlorine per 24 hours per 10,000 gallons of pool capacity for all outdoor pools. All indoor pools shall have at least one pound of chlorine per 24 hours per 15,000 gallons of pool capacity.

Outdoor Pool Feed Rate capacity in pounds of Chlorine: _____

Indoor Pool Feed Rate capacity in pounds of Chlorine _____

SIGNATURE

Sign and Print: _____ Date: _____

(Attach a sketch of the pool. A detailed plan must be filed with each original application.)

Updated 4.12.2016