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MEMORIAL BUILDING
150 Concord Street, Room 205
Framingham, MA 01702

Swimming Pool Permit to Operate Application

A permit must be obtained for any public, or semi-public indoor and / or outdoor swimming pool, wading pool and special purpose pool (whirlpool). This includes a pool in an apartment complex, camp, condominium, country club, hotel, motel, fitness center, or school. To obtain a permit **complete the following application for EACH type of pool** at your facility. The pool is to be operated according to the Minimum Standards for Swimming Pools (Article V of the Sanitary Code) 105 CMR 435.00.

Pool Location Information

Date: _____

Name of Pool Facility: _____

Address of Pool: _____ Framingham, MA 0170 _____

Mailing Address: _____

Phone Number: _____

Type of Facility: Apartment Camp Condominium Fitness Center

Other - Specify: _____

Owner Information

Name of Owner: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Certified Pool Operator Information

Name of CPO(s): _____

Phone Number: _____ Email: _____

24 Hour Emergency Contact Information

Name of Emergency Contact: _____ Title: _____

Phone Number: _____ Email: _____

Pool Information

Public Semi-public Special Purpose Pool (i.e. Whirlpool) Wading Pool

Type of Pool: Water Slide Flume Other – Specify: _____

Indoor Outdoor

Hours of Operation

Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

Provide the Physical Dimensions

Total Length: _____ Total Width: _____ Volume - Total Gallons: _____

Bathing 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: _____

Water Source: Public Well Other – Specify: _____

Sewage Disposal: Municipal Private Other – Specify: _____

Pool Water Disposal: Municipal Private Other – Specify: _____

Pool Finish: Gunite Concrete Tile Other – Specify: _____

Overflow Channel (scum gutter) Length: _____ Slimmer Weir Length: _____

Deck Width: _____ Deck Finish: Gunite Concrete Tile

Other – Specify: _____

Filtration System Information

Type of Filter(s)

Diatomaceous Earth (DE) Separation Tank (for DE Filters) Continuous Feed? Yes No

Sand If Sand Filter, is it NSF? Yes No Size of Each Filter: _____ ft²

Cartridge Other – Specify: _____

Total Number of Filters in System: _____

Circulation Rate (GPM): _____ Backwash Rate (GPM): _____ Turnover Rate (Hours): _____

Type of Chemical Sanitizer

Chlorine Bromine UV Other – Specify: _____

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: _____

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law. I hereby attest to the accuracy of the information provided in the application and affirm to comply with the jurisdictional current code.

Signature: _____ Print: _____

Title: _____

To obtain a permit to Operate a Swimming Pool please submit the following:

Completed Swimming Pool Application to Operate for each pool

Fee(s)

<input type="checkbox"/>	• Annual Swimming Pool	\$250.00
	• Annual Swimming Pool & Special Purpose Pool (whirlpool)	\$300.00
	• Seasonal Pool	\$150.00
	• Special Purpose Pool (whirlpool) only	\$300.00
	• Plan Review	\$100.00
Make check payable to the "City of Framingham". All fees are nonrefundable.		

Completed "Workers' Compensation Insurance Affidavit: General Businesses" (page 6). Attach a copy of the workers' compensation policy declaration page showing the policy number and expiration date.

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

Certified Pool Operator (CPO) Certificates & Agreement Forms

Lifeguard Certification & Agreement Forms

Plans Required When:

According to 105 CMR 435.02, No person shall construct or install a swimming, wading, or special purpose pool, or expand, remodel or otherwise make any change which may affect the compliance of an existing swimming, wading or special purpose pool until the plans and specifications for the construction or change, under the stamped and signature of a Massachusetts Registered Professional Engineer or Registered Architect, have been approved in writing by the Framingham Department of Public Health (FDPH).

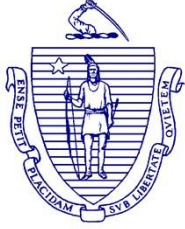
The FDPH shall be notified when a newly constructed, expanded, or remodeled swimming, wading or special purpose pool is ready for use. Notification shall be given at least one (1) week prior to the completion of the project so that a date can be arranged for a final inspection. Use of such pool shall not commence before a final inspection has been made and written approval to operate has been given by the FDPH.

Any revisions to an approved plan and / or filtration system, etc. must be submitted for review and approved by the FDPH **PRIOR** to alterations to the pool and the system.

During the Inspection please provide the following:

Bacteriological Testing Results for all Pool Water

Documentation showing that the pool drain / grate covers conform to the new Federal Pool Requirements: The Virginia Graeme Baker & Spa Safety Act, American National Standard ASME A112.19.8 – 2007.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am a employer with _____ employees (full and/ or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance.

Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage.

Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant.

Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE Fax #
617-727-7749
www.mass.gov/dia



Address: 150 Concord Street, Framingham, MA 01702
Framinghamma.gov

Office Telephone: (508) 532-5470
Office Fax: (508) 532-5760

Office Email: health@framinghamma.gov

Certified Pool Operator (CPO)

Date: _____

I, _____ of _____
Name of Owner / Agent Name of Pool Facility

Located at _____ Framingham, MA 0170 _____
Address of Pool Facility Zip

Understand that I must have, according to 105 CMR 435.17, a pool supervisor that has successfully completed a course in the safe and effective management of public and semi-public swimming pools as evidence by a current **Certification as a Pool Operator (CPO)**.

Signature of Owner / Agent: _____ Print: _____



City of Framingham Board of Health Lifeguard Agreement Form

Date: _____

I, _____ certify that I meet the requirements of the

Commonwealth of Massachusetts to a lifeguard in the City of Framingham, MA.

I agree that I will:

1. Maintain the chemical standards as required, and when standards are not in compliance, I will close the pool and / or special purpose pool until such time as they are in compliance;
2. Wear the required lifeguard attire at all times;
3. Maintain water testing logs as required; and
4. Perform all other duties required as a lifeguard according to 105 CMR 435.00, State Sanitary Code, Chapter V, Minimum Standards for Swimming Pools.

I have been trained in the safe, sanitary and effective operation of the pool and its equipment including the filtration and recirculation system, water disinfection and control agents, water chemistry and testing record keeping, water quality chemicals, proper health and safety precautions when handling pool chemicals and equipment, cross connection control, and first aid and safety equipment.

Name of Pool Facility: _____

Address of Pool Facility: _____ Framingham, MA 0170 _____

When required at pools all lifeguard(s) MUST be 16 years of age or older. The lifeguard(s) MUST be present during bathing hours. All lifeguard(s) while on duty shall wear a **RED** or bright **ORANGE** bathing suit. Any shirt or jacket worn as an outer garment by a lifeguard(s) shall also be **RED** or bright **ORANGE** and have the word GUARD printed in 4 inch lettering on the back. An **ORANGE** hat or sun helmet shall be worn by all lifeguard(s) out-of-doors while on duty. Whistles and bull horns or other appropriate voice amplification devices shall be provided to all attendant(s) on duty.

All Lifeguards MUST hold the following:

- **Current Lifeguard Certification** (Red Cross Lifeguard Training Certificate, Royal bronze Medallion, Boy Scouts of America Lifeguard Certificate, or National Y.M.C.A Lifesaver's Certificate or an equivalent Certification, American Safety & Health Institute's Star Guard (includes CPR for Professional Rescuer & Universal First Aid).
- **Current CPR Certification** (American Red Cross CPR Certificate for Professional Rescuer, American Heart Association CPR – Basic Life Support for Health Care Providers, or National Safety Council CPR Training).
- **Current First Aid Certificate** (Red Cross Standard First Aid Certificate, Red Cross Community First Aid and Safety Certificate, National Safety Council First Aid Training, Level 2, or an equivalent certification, which has been deemed equivalent because it contains all of the minimum requirements of one of the forgoing certification programs.
- **A signed Agreement Form**
- **Proof of Age**

A copy of the required certifications must be submitted to the Framingham Department of Public Health with this completed form as well as proof of age, such as copy of a driver's license etc. before the individual's first day of employment.

Swimming Pool Pre-Opening Checklist

Please verify that the following information been submitted to the Framingham Department of Public Health and that the required equipment is provide and in good working order. If repairs are required, make the repairs first before scheduling a pre-operational inspection.

				Yes	No
Completed application?					
Permit fee?					
Lifeguard certifications along with proof of age?					
Has the CPO adequately trained all on-site pool personnel in safe, sanitary & effective operation of the pool and equipment as required by 105 CMR 435.17 of the Minimum Standards for Swimming Pools, State Sanitary Code, Chapter V?					
Shepard's crook and ring buoy with rope (at least 1 ½ times the width of the pool) is in good condition and readily accessible?					
Is the Emergency Telephone operable?					
Is the Emergency Telephone Numbers posted by the telephone?					
Is the pool deck in good repair and free of any obstructions or hazards?					
Is the pool depth markings properly displayed on the inner side facing the pool and on the deck?					
Are pool ladders and hand railings secured?					
Have the anti-vortex drain covers been tested to ensure they are securely attached?					
Is a Water Test Kit available with fresh reagents?					
Has the pool operator(s) and lifeguard(s) been trained in the proper use of the test kit and how to maintain records?					
Is the water Circulation System working properly including a functioning flow meter?					
Does the water circulate the total volume of water according to 105 CMR 435.06?					
Is the area around the pool properly secured? The fence shall be in good condition with no openings >3", gate shall be self-latching and self-closing in both directions and the latch shall no less than 4" above the ground.					
First Aid Kit					
35	1" Band-Aids	1	Scissors		
10	3" x 3" Sterile Gauze Pads	1	Tweezers		
2	5" x 5" Surgipads	1	Rescue Blanket		
1	8" x 10" Surgipad	12	Antiseptic Wipes		
2	2" Soft Roller Pads	2	Disposable Instant Ice Packs		
2	3" Soft Roller Pads	1	Sterile Isotonic Buffered Eye Wash		
1	½ Roll of Hypoallergenic Tape	2	Pairs of One Size Fits All Non-Latex Gloves		
1	Triangular Bandage	1	Micro-Shield or Pocket Mask		
	MSDS Sheets (Material Safety Data Sheet)				