



MERRIMAC BOARD OF HEALTH Fee: \$100.00
 2 School Street
 Merrimac, MA 01860
 Tel. 978-346-4066 boh@townofmerrimac.com

APPLICATION FOR PERMIT TO OPERATE AN INDOOR SWIMMING POOL

Application is hereby made for a permit to operate a public, semi-public or wading pool. This pool is to be operated according to 105CMR 435.000 MINIMUM SANDARDS FOR SWIMMING POOLS CHAPTER V OF THE STATE SANITARY CODE.

Type of Pool: Swimming Specialty/Spa/Hot Tub Wading Slide Splash Pad

Date: _____
 Owner, Firm, or Corporation: _____
 Address: _____
 Phone: _____ Email: _____
 Certified Pool Operator: _____
 Emergency Contact: _____ Phone: _____

POOL INFORMATION:

Type of Pool _____ Length _____ Width _____ Volume _____
(Swimming, Specialty, Hot Tub/Spa)
 Non-swimming Area: _____ (5' or less in depth)
 Number if Lifeguards/ shift: _____ *****Submit Updated Lifeguard Credentials*****
 Variance Letters Submitted: YES NO
 Source of Water: _____
 *****(if private well, must submit required water test results)*****

SANITATION:

Disposal of Sewage and Waste Water: _____
 Treatment of System: (sand, diatomaceous earth, cartridge, etc) _____
 Disinfection Method: type, capacity,etc (chlorinator, brominator) _____

PURSUANT TO M.G.L. CH., 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

Fee Enclosed\$ _____
 Late Fee \$(if applicable) _____ (Federal Identification Number)
 Total Enclosed \$ _____

Owner/Operator signature: _____ Date: _____