

105 CMR: Department of Public Health

435.00 Appendix A

Massachusetts Department of Public Health

Application for Swimming/Wading/special pool construction permit. Application is hereby made for a permit to (construct) (remodel) a (Public) (Semi-public), (Wading), (Special Purpose) pool.

Location: _____

Owner: _____

Contractor: _____

GENERAL INFORMATION

Type: _____

Length: _____

Width: _____

Volume: _____

Source of Water: _____

Plans Submitted For Approval: _____

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

Scum Gutter: _____

Trim and Finish: Pools, walls and Bottom _____

Decking Type _____ Minimum Width _____

Mechanical Information _____

Filters: Kind _____

Total Filter area Sq. Ft. : _____

Circulation rate g.p.m.: _____

Backwash rate: g.p.m. : _____

Turn-over rate in hours: _____

Skimmers: Weir Length _____ Number _____

Chlorinator: Type _____ Capacity _____

Chemical Feeders: _____ Capacity: _____ Quantity: _____

Remarks: _____

PLEASE MAKE CHECK PAYABLE TO: TOWN OF ROCHESTER FEE - \$100.00