



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

Application for a Permit to Operate a Swimming Pool

Fill out one application for each type of pool. This pool is to be operated according to the Minimum Standards for Swimming Pools (Article V of the Sanitary Code) 105 CMR 435.000.

Pool Name: _____

Pool Address: _____

Mailing Address: _____

Pool Owner: _____ Ph #: _____

Pool Manager: _____ Ph #: _____ Email: _____

Certified Pool Operator _____ Ph #: _____
(Attach certificate)

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

Provide the Physical Dimensions:

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

Provide the 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: _____

(OVER)

Circle the correct response. Provide additional information if "other" is chosen.

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: granite concrete tile other: _____

Filtration systems: diatomaceous earth with Separation Tank

 Sand cartridge filters other: _____

Chemical sanitizers: chlorine bromine other: _____

Provide pool drain /outlet information:

of main drains ____ # of other suction outlets: ____ Location _____

Type (name/brand) of drain cover (s) / suction outlet cover (s): _____

Attach specification sheet for each cover

Note: covers must meet the ANSI/ASME A112.19.8 (2007)
or ANSI/APSP 16-2011 standard

If the pool has a single main drain or suction outlet, describe the secondary anti-entrapment device or system: **(attach specification sheets for said device or system)**

*****Any changes/ upgrades or remodeling of the pool, pool area, enclosures, or equipment must be reviewed and approved by this office prior to completion. Failure to do so may result in denial or revocation of your permit to operate a swimming pool.***

Sign and Print: _____ Date: _____

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