



**Town of Scituate Board of Health**  
600 Chief Justice Cushing Highway  
Scituate, Massachusetts 02066  
781-545-8725  
781-545-8866 (fax)

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**Application for a Permit to Operate a Public or Semi-Public Swimming, Wading, or Spa Pool**

Pool Name: \_\_\_\_\_ Pool Location: \_\_\_\_\_  
Pool Type (Public, Semi-public, Wading, Spa): \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_  
Owner/Operator: \_\_\_\_\_ Tel #: \_\_\_\_\_  
Mailing Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mailing Contact Address: \_\_\_\_\_  
CPO Name: \_\_\_\_\_ Tel #: \_\_\_\_\_ CPO #: \_\_\_\_\_  
CPO Expiration: \_\_\_\_\_

**Swimming/Wading/Spa Pool Information**

Length (ft): \_\_\_\_\_ Backwash Discharged To: \_\_\_\_\_  
Width (ft): \_\_\_\_\_ Turnover Rate (hours): \_\_\_\_\_  
Volume (gal): \_\_\_\_\_ Source of Pool Water: \_\_\_\_\_  
Surface Area (sq. ft.): \_\_\_\_\_ Maximum Pool Capacity/Bather Load: \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_ Flow Rate (gpm): \_\_\_\_\_  
Decking Material: \_\_\_\_\_ Width of Deck Around Pool: \_\_\_\_\_  
# Lifeguards on Duty at All Times Pool is Open: \_\_\_\_\_  
Finish Material of Pool Walls and Bottom: \_\_\_\_\_  
(i.e., concrete, tile, vinyl)

**Copies of Lifeguard(s) and Certified Pool Operator (CPO) Certifications Must Be Submitted with This Application**

**Filtration Information**

Type of Filter: \_\_\_\_\_ Number of Drains: \_\_\_\_\_  
(i.e., RR sand, HR sand, cartridge, DE) Filter Flow Rate (gpm): \_\_\_\_\_  
Total Filter Area (sq. ft.): \_\_\_\_\_ Anti-entrapment Covers (date installed): \_\_\_\_\_

**Disinfection/Chemical Treatment**

Method of Disinfection (chlorine, bromine, etc.): \_\_\_\_\_  
MSDS Sheets for all chemicals at location: Yes \_\_\_\_\_ No \_\_\_\_\_

**APPLICATION FEE: \$100.00**

**Application is hereby made for a permit to operate a public, semi-public or wading pool. This pool is to be operated in accordance with 105 CMR 435.000: Minimum Standards for Swimming Pools (State Sanitary Code, Chapter V)**

**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 State taxes required under law."**

**Name (Print): \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_**