

TOWN OF FRANKLIN
BOARD OF HEALTH

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Dr. Darrolyn Lindsey, Member
David E. McKearney, R.S., Health Agent/Director

Municipal Building
355 East Central Street
Franklin, MA 02038
(508) 520- 4905

Permit No. _____

Fee _____

APPLICATION FOR A PERMIT TO OPERATE A 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 the minimum standards for swimming pools set forth in Article VI of the Sanitary Code of the Commonwealth of Massachusetts.

OWNER _____ TEL. NO. _____

LOCATION _____

TYPE OF POOL _____ LENGTH _____ WIDTH _____ VOLUME _____

SKETCH _____ (A detail plan must be filed with original application)

SIZE: SWIMMING AREA _____ NON SWIMMING AREA _____ DIVING AREA _____

SOURCE OF WATER _____

DISPOSAL OF SEWAGE AND WASTE WATER _____

TYPE OF FINISH _____ SCUM GUTTER _____

DECK: TYPE AND WIDTH _____ SKIMMERS: WEIR LENGTH _____

TREATMENT SYSTEM (Kind of filters etc.) _____

DISINFECTION METHOD (Method, type, capacity etc.) _____

CHEMICAL TREATMENT (Feeders, capacity, quantity etc.) _____

REMARKS _____

CPO NAME _____

Please Note: CPO's for each pool should contact this office for an inspection before pool can be opened for the season

SIGNED _____

DATE _____

(Permits expire on Dec. 31)