



## TOWN OF BROOKLINE DEPARTMENT OF PUBLIC HEALTH

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**Office Use Only:**

Date Rec'd \_\_\_\_\_  
Amt. Paid \_\_\_\_\_  
Check# \_\_\_\_\_  
Chief Appr \_\_\_\_\_  
San. Appr \_\_\_\_\_  
Permit# \_\_\_\_\_

### Application for a Permit to Operate A Swimming Pool

105 CMR 435.000 Minimum Standards for Swimming Pools

(Please Print or Type)

Fee: Year Round Swimming Pool-\$300 \_\_\_\_\_ Seasonal Swimming Pools - \$180 \_\_\_\_\_

**(EACH POOL REQUIRES A SEPARATE PERMIT APPLICATION)**

1. Location of Pool: \_\_\_\_\_

2. Owner: \_\_\_\_\_

3. Name and Title of Person in Charge of Pool During the Swimming Season \_\_\_\_\_

\_\_\_\_\_ On site phone: \_\_\_\_\_

Realty Company, if any \_\_\_\_\_ Office Phone: \_\_\_\_\_

Certified Pool Operator: name/# \_\_\_\_\_ **(attach copy of certificate)**

4. Check Type: Swimming \_\_\_\_\_ Wading \_\_\_\_\_ Whirlpool \_\_\_\_\_ Hot Tub \_\_\_\_\_ Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_

5. Hours of Operation: M-F \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

6. # of Lifeguards Present During Hours of Operation \_\_\_\_\_

7. Physical Description: Length \_\_\_\_\_ feet Width \_\_\_\_\_ feet Slide \_\_\_\_\_ Diving Board \_\_\_\_\_

Maximum Capacity: \_\_\_\_\_  
(Calculate total for Swimming & Non-Swimming areas)

Volume: \_\_\_\_\_

Calculated Flow Rate \_\_\_\_\_ (gpm)

Turn Over Rate \_\_\_\_\_ (per hr)

8. Disinfection, Water Circulation and Filtration: Briefly describe the water circulation and filtration system (method of chlorination, type of filtration etc.)

\_\_\_\_\_  
\_\_\_\_\_

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9. Compliance with Anti-Entrapment Drain Requirements: (Virginia Graeme Backer Safety Act)

Yes: \_\_\_\_\_ No: \_\_\_\_\_

10. State Law now requires all permit/licensed holders to document the following: As required by MGL c 152 s 25A this Establishment is in compliance with the Massachusetts Workers Compensation Coverage Requirement (establishments not required to comply with this coverage requirement must submit copies of The Dept. of Industrial Accidents affidavit form with this application)

Yes: \_\_\_\_\_ No: \_\_\_\_\_

10. I, the undersigned certify under the penalties of perjury that the applicant has filed all state/local tax returns and paid all state taxes as required by law. (MGL Chap 62c s 49A).

\_\_\_\_\_  
Name of Person Completing Form

\_\_\_\_\_  
Date