

TOWN OF BROOKLINE
DEPARTMENT OF PUBLIC HEALTH



Division of Environmental Health
11 Pierce Street, Brookline, Massachusetts, 02445
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SWIMMING POOL APPLICATION

105 CMR 435.000 Minimum Standards for Swimming Pools

(Please Print or Type)

Year Round Swimming Pool | Renewal \$300 ___ New \$450 ___

Seasonal Swimming Pools | Renewal \$180 ___ New \$ 300 ___

Location of Pool: _____

Owner: _____

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)**

Check Type: Swimming ___ Wading ___ Whirlpool ___ Hot Tub ___ Indoor ___ Outdoor ___

Hours of Operation: M-F _____ Sat _____ Sun _____

of Lifeguards Present During Hours of Operation _____

Physical Description: Length _____ feet Width _____ feet Slide _____ Diving Board _____

Size of the Swimming _____ Sq.Ft.

(To determine the swimming area: Measure the length of the pool from the five foot depth marking to the deepest end and measure the width of the pool. Multiply the length by the width. If a diving board is present, subtract 100 square feet from the total square foot measurement.)

Size of Non-Swimming Area _____ Sq. Ft.

OFFICE USE ONLY:

Date Received: _____

Amount Paid: _____

San. Approval: _____

Chief Approval: _____

Permit #: _____

Decal #: _____

Check: _____

(To determine the non-swimming area: Measure the length of the pool from the shallow end up to the five-foot depth marking. Measure the width of the pool. Multiply the length by the width.)

Maximum Capacity: _____

Volume: _____

Calculated Flow Rate _____ (gpm)

Turn Over Rate _____ (per hr)

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

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

Yes: _____ No: _____

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: _____

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