



CITY OF WALTHAM

MASSACHUSETTS

BOARD OF HEALTH

WALTER S. SWEDER, JR.

DIRECTOR OF PUBLIC HEALTH

INDOOR POOL/WHIRLPOOL APPLICATION

APPLICATION & FEE MUST BE RECEIVED BY THE HEALTH DEPARTMENT BEFORE APRIL 1.

ALL INDOOR POOLS WILL BE INSPECTED IN APRIL.

NAME & ADDRESS OF POOL: _____

CONTACT NAME & PHONE NUMBER: _____

OWNER & PHONE NUMBER IF DIFFERENT THAN CONTACT PERSON:

FOLLOWING SECTION TO BE COMPLETED BY NEW APPLICANTS ONLY
NOT FOR RENEWAL APPLICATIONS.

TYPE _____

LENGTH _____ WIDTH _____ VOLUME _____

SOURCE OF H2O _____

SIZE: SWIMMING AREA (SQ. FT.) _____

NON-SWIMMING AREA _____ DIVING AREA _____

SCUM CUTTER _____

TRIM & FINISH (POOL WALLS & BOTTOM) _____

DECKING TYPE _____ MINIMUM WIDTH _____

MECHANICAL INFORMATION: FILTERS _____ KIND _____

SKIMMERS - WEIR LENGTH _____ NUMBER _____

CHLORINATE - TYPE _____ CAPACITY _____

CHEMICAL FEEDERS _____ CAPACITY _____

REMARKS _____

***Please Note: Prior to issuance of permit, pool water must be bacteriologically tested at the owner's expense by a certified laboratory and results forwarded to the Board of Health at the address listed below.

FEE: \$165.00 EACH POOL/WHIRLPOOL- PAYABLE TO THE CITY OF WALTHAM