



# CITY OF WALTHAM

MASSACHUSETTS

BOARD OF HEALTH

WALTER S. SWEDER, JR.

DIRECTOR OF PUBLIC HEALTH

## **OUTDOOR POOL/WHIRLPOOL APPLICATION**

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

**ALL OUTDOOR POOLS WILL BE INSPECTED IN MAY.**

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**