



**CITY OF WALTHAM**  
MASSACHUSETTS  
**BOARD OF HEALTH**

WALTER S. SWEDER, JR.  
DIRECTOR OF PUBLIC HEALTH

**INDOOR POOL/WHIRLPOOL APPLICATION**

NAME & ADDRESS OF POOL: \_\_\_\_\_

CONTACT NAME & PHONE NUMBER: \_\_\_\_\_

OWNER & PHONE NUMBER IF DIFFERENT THAN CONTACT PERSON:

\_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

***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, the pool water must have a bacteriological test completed by a certified laboratory at the owner's expense. The results must be forwarded to the Board of Health at the address listed below.

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