



CITY OF WALTHAM

MASSACHUSETTS

BOARD OF HEALTH

JOHN P. ZUPPE

DIRECTOR OF PUBLIC HEALTH

INDOOR POOL / WHIRLPOOL APPLICATION

NAME & ADDRESS OF POOL: _____

CONTACT NAME & PHONE NUMBER: _____

OWNER & PHONE NUMBER IF DIFFERENT THAN CONTACT PERSON:

PLEASE COMPLETE THE FOLLOWING INFORMATION:

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 _____

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