 City of Holyoke

Timothy M. Rivers Board of Health

Director City Hall Annex, Room 306

Holyoke, MA 01040

Tel 413-322-5595

Fax 413-322-5596

**Swimming Pools and Special Purposes Pool Operators**

**APPLICATIONS MUST BE SUBMITTED TO OUR OFFICE NO LESS THAN 30 DAYS BEFORE OPENING DATE**

**PLEASE SUBMIT ALL REQUESTED PAPERWORK. INCOMPLETE APPLICATIONS WILL BE RETURNED.**

**NO PERMITS WILL BE ISSUED IF TAXES ARE OWED.**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FEE: $100.00**

**APPLICATION IS HEREBY MADE FOR A PERMIT TO OPERATE A PUBLIC, SEMI-PUBLIC, SWIMMING, WADING, OR SPECIAL PURPOSE POOL. THIS POOL IS TO BE OPERATED ACCORDING TO THE MINIMUM STANDARDS. FOR SWIMMING POOLS SET FORTH IN CHAPTER V OF THE STATE SANITARY CODE (105 CMR 435.000).**

Name of Pool/Establishment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Pool\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maintenance Person in Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TYPE OF POOL (check all that apply):**

□ Public Swimming □ Semi-public Swimming □ Public Wading

□ Semi-public Wading □ Public Special Purpose □ Semi-public Special Purpose

□ Public (other) □ Semi-public (other) \_\_\_\_\_\_\_\_\_\_\_\_ □ Spa/Whirlpool

Total Gallons \_\_\_\_\_\_\_\_\_\_\_\_\_ \*Number of lifeguards required on duty at all times \_\_\_\_\_\_\_\_\_\_\_\_\_

□ (ENCLOSE COPIES OF ALL LIFEGUARDS CERTIFICATIONS)

**Recirculation rate** (The amount of time it takes for the entire volume of pool water to turn over once):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type Filter (i.e. sand, DE, cartridge) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disinfection Method (i.e. chlorine, bromine, ozone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chemical Feed (i.e. manual, automatic) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Preparing Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certified Pool Operator (CPO) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All Payments Due with Application-\*No Cash Please\* OVER→**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **For Office Use Only-Make all checks payable to the City of Holyoke** | | | | | |
| Date Received | Amount Received | Check No. | Received by: | Customer No. | Invoice No. |

**PAGE 2**

**CALCULATION OF BATHER LOAD CAPACITY:**

For those purposes of calculation those portions of the pool five (5) feet or less in depth are considered “non-swimmer areas.” Portions of the pool over 5 deep are considered the “Swimming Area.”

**NON-SWIMMER AREA:**

Length x with of non-swimmer area (depth 5 feet or less)

\_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_ (A) total sq. ft. of non-swimmer surface area.

EACH PERSON IN THE NON-SWIMMER AREA IS ASSIGNED 15 SQ. FT. OF SURFACE AREA**.**

Total sq. feet on non-swimmer area \_\_\_\_\_\_\_\_\_\_ (A) \_\_\_\_15\_\_\_\_ sq. ft.

=\_\_\_\_\_\_\_\_\_\_ (B)

Maximum no. of people in

Non-swimming area

**SWIMMING AREA**

Length swimming area (depth over 5 feet)

L=\_\_\_\_\_\_\_\_\_x W=\_\_\_\_\_\_\_\_\_=\_\_\_\_\_\_\_\_\_ © total sq. feet of swimming surface area.

Write down 300 sq. feet for each diving board \_\_\_\_\_\_\_\_\_ (D)

Write down 100 sq. feet for each slide \_\_\_\_\_\_\_\_\_ (E)

Total sq. feet of swimming surface area = © total sq. feet-(D)-(E) =\_\_\_\_\_\_\_\_\_\_total sq. ft. swimming area (F)

**EACH PERSON IN THE SWIMMING AREA HAS A 20 SQ. FEET OF SURFACE AREA**

Total sq. feet of swimming surface area \_\_\_\_\_\_\_\_\_ (F) ÷ 20 sq. feet

=\_\_\_\_\_\_\_\_\_ (G)

Maximum no. of

people in

swimming area

Bather Load Capacity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_(B) + \_\_\_\_\_\_\_\_(G) =

Maximum no. Maximum no

non-swimming swimming area

Area

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_