



CITY OF NORTH ADAMS, MASSACHUSETTS

Board of Health

Swimming Pool Permit Application

Yearly pool permit fee - \$50

Fill out one application for each type of pool. An application is hereby made for a permit to operate a public, semi-public, whirlpool, or wading pool. This pool is to be operated according to the Minimum Standards for Swimming Pools (Article V of the Sanitary Code) 105 CMR 435.00.

Pool name and address _____

Mailing address _____

Pool owner _____

Business telephone _____ Cell phone _____

Certified pool operator _____

Name and title of applicant _____

Address of applicant _____

If corporation or partnership, list name, title, address, and telephone number of officers or partners

| Name | Title | Address | Telephone number |
|------|-------|---------|------------------|
|------|-------|---------|------------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

Telephone number of person responsible _____

Payment is due with application payable to the City of North Adams

Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under penalties of perjury that to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

| | | |
|--|---|------------|
| Federal ID or Social Security number _____ | Signature of individual/applicant _____ | Date _____ |
|--|---|------------|

Days and hours of operation _____

Indicate type of pool ☐ Public ☐ Semi-public ☐ Wading pool ☐ Whirlpool

Provide the physical dimensions

Total length _____ Total width _____ Total gallons _____

Provide the bather load capacity

Portions of the pool over five feet in depth shall be designated as the “swimming area” (S.A.). Portions of the pool under five feet in depth shall be designated as the “non-swimming area”. Twenty square feet is required for each person in the S.A. Fifteen square feet is required for each person in the Non-S.A. Ten square feet is required for each person in the special purpose pool.

S.A. length _____ S.A. width _____ Number of swimmers _____
 Non-S.A. length _____ Non-S.A. width _____ Number of non-swimmers _____

Indicate the correct response. Provide additional information if other is selected.

Water source ☐ Public ☐ Private ☐ Other _____
 Sewage disposal ☐ Public ☐ Private ☐ Other _____
 Pool water disposal ☐ Public ☐ Private ☐ Other _____
 Pool finish ☐ Gunite ☐ Concrete ☐ Tile ☐ Other _____
 Overflow channel (scum gutter) length _____ Skimmer weir length _____
 Deck width _____ Deck finish ☐ Gunite ☐ Concrete ☐ Tile ☐ Other _____
 Filtration systems ☐ Cartridge ☐ Diatomaceous earth ☐ Sand ☐ With separation tank
☐ Other _____
 Chemical sanitizers ☐ Bromine ☐ Chlorine ☐ Other _____

Provide the feed rate capacity

Purification systems: Hypochlorinators shall be dependable in operation and equipped with a calibrated controlling device capable of being finely adjusted to the required rates and shall have a feed rate capacity of at least three pounds of chlorine per 24 hours per 10,000 gallons of pool capacity for all outdoor pools. All indoor pools shall have at least one pound of chlorine per 24 hours per 15,000 gallons of pool capacity.

Outdoor pool feed rate capacity in pounds of chlorine _____

Indoor pool feed rate capacity in pounds of chlorine _____

Minimum flow rate/gallons per minute

Pool length (L) = _____ Pool width (W) = _____ Pool depth (D)* = _____

*If pool is sloped, find average depth | Average depth = (shallow + deep) ÷ 2

Example: Deepest portion of pool = 10 feet / Shallow portion of pool = 4 feet

Average depth – (10 feet + 4 feet) ÷ 2 = 7 feet

Calculate pool volume

L x W x D x 7.48 (gallons/cubic foot) = Pool volume in gallons
 _____ x _____ x _____ x 7.48 = _____
 Pool length Pool width Pool depth Pool volume in gallons

Determine preferred turnover time for pools and whirlpools in hours

Swimming pools **8 hours**
 Wading pools **4 hours**
 Special purpose pools (spas/whirlpools) **.5 hour**

Determine minimum flow rate

Pool volume ÷ Turnover time in hours ÷ 60 minutes = **Minimum flow rate**
 _____ ÷ _____ ÷ 60 = _____
 Pool volume in gallons Turnover time Minimum flow rate
 (Either 8, 4 or .5 hours)

Attach a sketch of the pool. A detailed plan must be filed with each original application.

10 Main Street • North Adams, Massachusetts 01247
 healthdepartment@northadams-ma.gov • (413) 662-3000 x3020