



## Town of Rowley

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Board of Health

### APPLICATION

Center School Municipal Annex

39 Central Street, P.O. Box 783

Rowley, Massachusetts 01969

### Annual Permit to Operate a Swimming -Wading - Special Purpose Pool

Name of business establishment: \_\_\_\_\_ Date: \_\_\_\_\_

Address of business establishment: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name (Applicant): \_\_\_\_\_ ☐ Owner ☐ Manager ☐ Other: \_\_\_\_\_

Number of pools at location: ☐ 1 ☐ 2 ☐ 3 Source of water: ☐ Public Water Supply ☐ Private Well

Pool type: ☐ Swimming Outside Depth: \_\_\_\_\_ FT. Inside Depth: \_\_\_\_\_ FT. Gallons: \_\_\_\_\_

☐ Wading Outside Depth: \_\_\_\_\_ FT. Inside Depth: \_\_\_\_\_ FT. Gallons: \_\_\_\_\_

☐ Special (Whirlpool) Outside Depth: \_\_\_\_\_ FT. Inside Depth: \_\_\_\_\_ FT. Gallons: \_\_\_\_\_

Are filtration system(s) used original equipment: ☐ Yes ☐ No

Are filtration system(s) monitored and maintained as required by their respective manuals: ☐ Yes ☐ No

Is there an individual(s) trained and responsible for all necessary maintenance operations: ☐ Yes ☐ No

General Hours of Operation: \_\_\_\_\_

Name of Pool Supervisor and/or Certified Operator: \_\_\_\_\_

Name of Lifeguards: ☐ N/A \_\_\_\_\_

### Requirements related to the granting, conditioning, and processing of this application:

1. License Fee: \$250.00, Payable to the Town of Rowley. (Renewable Annually January 1<sup>st</sup> )

2. If Applicable: Copy(s) of Pool Supervisor Certification (105 CMR 435.17) and Lifeguard Certification (105 CMR 435.23).

I certify that the information I have provided above is true and accurate. I agree to operate the respective Swimming, Wading, or Special Purpose Pool(s) in accordance with the State Sanitary Code, Chapter V, 105 CMR 435.000, Minimum standards for swimming pools and with the rules, regulations, and /or special condition(s) imposed by the Rowley Board of Health.

Signature

Date