	SPRINGFI	LD HEALTH & F 311 STATE ST	IUMAN SERVICES REET		
		PRINGFIELD, M			
AND HUMAN SY	<b>PHONE:</b> 413	-787-6740	FAX: 413-787-6458		
APPLICATION FOR PER		ERATE A SWIM	MING POOL/WHIRLPO	OL/WADING POOL	
DATE: NEW APPLICAT		PLICATION	ON RENEWAL APPLICATION:		
( ) PUBLIC ( ) SEMI-PU ( ) \$200 YEAR INDOOR SWI ( ) \$100 YEAR <u>OUTDOOR S</u> <u>\$</u> ENCLOSED CHECK	IMMING POOL <i>Easonal</i> Sw	IMMING POOL	WADING POOLYES	NO	
NAME OF ESTABLISHMENT:					
POOL LOCATION:					
STREE	т	CITY	STATE	ZIP CODE	
	PHONE #:				
MAILING ADDRESS:		CITY	STATE	ZIP CODE	
SWIMMING AREA OVER 5FT. IN DIVING AREA (MIN. 300 SQ. FT.		-	WIMMING AREA 5 FT. OR LESS PART OF SWIMMING AREA (SQ	-	
TYPE OF FINISH:			SCUM GUTTER:		
DECK (TYPE AND WIDTH):			SKIMMERS (WEIR LENGTH):		
HEIGHT OF FENCE ENCLOSURE:			MAXIMUM BATHING LOAD CAPACITY:		
HOURS OF OPERATION:			AVERAGE DAILY ATTENDANCE:		
ARE LIFEGUARDS PRESENTLY PROVIDED?			IF SO, HOW MANY?		
SOURCE OF WATER:					
WATER TREATMENT SYSTEM (	TYPE OF FILTER	S, ETC			
DISINFECTION METHOD (METH	IOD, TYPE, CAP	ACITY, ETC.)			
CHEMICAL TREATMENT (FEED	ERS, CAPACITY	QUANTITY, ETC.) _			
METHOD OF SEWAGE AND WAS	TE WATER DISF	OSAL :			
**					
APPLICANT'S SIGNATU	IRE & TI	TLE	SOCIAL SECURITY	Y OR FEDERAL I.D. #	

PURSUANT TO M.G.L., CHAPTER 62C, SECTION 49A, I CERTIFY UNDER PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF HAVE FILED ALL STATE RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW. APPLICATION IS HEREBY MADE FOR A PERMIT TO OPERATE A PUBLIC, SEMI-PUBLIC, WADING, OR SWIMMING POOL. THIS POOL IS TO BE OPERATED ACCORDING TO THE MINIMUM STANDARDS FOR SWIMMING POOLS SET FORTH IN TITLE II OF THE STATE ENVIRONMENTAL CODE OF THE COMMONWEALTH OF MASSACHUSETTS. ALL PERMITS SHALL EXPIRE ONE YEAR FOLLOWING THE DATE OF ISSUE AND MAY BE REVOKED FOR CAUSE AT ANY TIME BY THE SPRINGFIELD DEPARTMENT OF HEALTH AND HUMAN SERVICES