



**Town of Athol
Board of Health**
584 Main Street Athol, Massachusetts 01331
978-249-7934
978-249-0134 (Fax)
boh@townofathol.org



Application for Swimming Pool/Wading Pool/Spa Operators Permit
FEE: \$100.00 Made payable to the "Town of Athol"

Application is hereby made for a permit to operate a public or semi-public swimming pool, wading pool, or spa. This pool/spa is to be operated according to the minimum standards for swimming pools set forth in 310 CMR 12.00 of MGL Ch. 30A, Sec. 6 and Ch. 233, Sec. 75.

Owner: _____

Address: _____

Telephone Number: _____ Email Address: _____

Type of Pool/Spa (public/semi-public): _____

Length: _____ Width: _____ Volume: _____

Sketch: A detailed plan must be filed with original application

Size: Swimming Area: _____ Non-swimming Area: _____ Diving Area _____

Source of Water: _____

Disposal of Sewer and Waste Water: _____

Type of Finish: _____ Scum Gutter? : _____ Yes _____ No

Deck Type and width: _____

Skimmers Weir Length: _____

Treatment System/kind of Filters: _____

Disinfection Method (method, type, capacity, etc.): _____

Chemical Treatment (feeders, capacity, quantity, etc.): _____

Signature

Date