



Town of Ludlow Board of Health
 488 Chapin Street
 Ludlow, Ma 01056
 (413) 583-5600 x1271

FEE \$100.00

**Application to Operate a Public/Semipublic Swimming,
 Wading or Special Purpose Pool**

Name of Facility _____ Date _____
 Facility Address _____ Phone# _____
 Mailing (if Different) _____ Email _____
 Name of Owner _____ Phone# _____
 Address of Owner _____ Email _____
 Hours of Operation _____
 Name of Certified Pool Operator _____
 CPO Registration # _____ Expiration Date _____

TYPE OF POOL Please circle all that apply:

Swimming Pool Wading Pool Special Purpose Pool Indoor Outdoor Year-Round Seasonal

POOL DIMENSIONS

Length (ft): _____ Width (ft): _____ Total Surface Area (sq ft): _____
 Minimum Depth: _____ Maximum Depth: _____ Total Volume: _____
 Size of Non-Swimming Area (sq ft under 5 feet deep): _____ Swimming Area (over 5 feet): _____
 Bather Load Capacity: _____ Number of Lifeguards Required: _____ Diving Board: **Yes No**

TREATMENT AND FILTRATION

Type of Disinfectant: _____
 Automatic Chlorinator: **YES NO** Feed Rate Capacity (lbs/24 hrs/10,000 or 15,000 gal): _____
 Type of Filter(s): **Conventional Sand & Gravel D.E. High-Rate Sand Cartridge**
 Filtration Rate (gpm/sq ft): _____ Recirculation Rate: Once Every _____ Hours

Is pool compliant with the provisions of the Virginia Graeme Baker Pool and Spa Safety Act? YES NO N/A

I hereby certify that I am an owner or officer of the above business and all of the information provided is true. I agree to comply with the regulations set forth in 105 CMR 435.00. I agree to allow the Board of Health or its agents access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

 Print Name of Applicant

 Signature of Applicant

FOR OFFICE USE ONLY

DEPARTMENT HEAD DATE APPROVED DENIED

NOTES: