



CITY of BEVERLY
BOARD of HEALTH
 90 Colon Street
 Beverly, Massachusetts 01915
 Phone (978) 921-8591
 Fax (978) 922-5695



Mayor
 Michael P. Cahill
 Director of Public Health
 William T. Burke III, RS, CHO

APPLICATION FOR POOL PERMIT RENEWAL

Type: Permit to operate a Public or Semi-Public Swimming Pool in accordance with 105 CMR 435.000; State Sanitary Code, Chapter V "Minimum Standards for Swimming Pools."

Name & Title of Applicant: _____

Mailing Address of Applicant: _____

Telephone: _____

Location of the Pool: _____

Emergency Contact Person: _____

Home Phone: _____

<u>Type /Duration of Permit</u>	<u>Fee</u>
Annual _____	<u>\$150.00</u>
Seasonal _____	<u>\$150.00</u>
Special Purpose _____	<u>\$ 25.00</u>

Dates of Operation _____

Days & Hours of Operation _____

Name of Certified Pool Operator _____

Any changes to the pool or its associated areas must have Board of Health approval.

Owner/Manager _____

(Please print)

Signature _____ Date _____



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Public Health
 Prevent. Promote. Protect.

Mayor

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CERTIFIED POOL OPERATOR TO COMPLETE DOCUMENT

POOL/SPA NAME	ADDRESS:
NAME OF CPO:	CPO CERTIFICATION EXPIRATION DATE: _____
POOL VOLUME:	SPA VOLUME:
NUMBER OF MAIN DRAINS: (✓) SINGLE: _____ MULTIPLE: _____	NUMBER OF MAIN DRAINS: (✓) SINGLE: _____ MULTIPLE: _____
MAXIMUM FLOW RATE FOR COVER (GPM): _____	MAXIMUM FLOW RATE FOR COVER (GPM): _____
SKIMMER EQUALIZER AT POOL : (✓) YES: _____ NO: _____	SKIMMER EQUALIZER AT SPA: (✓) YES: _____ NO: _____
MAXIMUM FLOW RATE FOR COVER (GPM): _____	MAXIMUM FLOW RATE FOR COVER (GPM): _____
EXPIRATION DATES FOR VGB DRAIN COVERS INSTALLED: MAIN DRAINS: _____ EQUALIZER: _____	EXPIRATION DATES FOR VGB DRAIN COVERS INSTALLED: MAIN DRAINS: _____ EQUALIZER: _____
DRAIN COVERS INSTALLED SECURED AND UNBROKEN: (✓) YES: _____ NO: _____	DRAIN COVERS INSTALLED SECURED AND UNBROKEN: (✓) YES: _____ NO: _____
SECONDARY PROTECTION(SVRS) OPERATING PROPERLY: (✓) YES: _____ NO: _____ N/A: _____	SECONDARY PROTECTION(SVRS) OPERATING PROPERLY: (✓) YES: _____ NO: _____ N/A: _____
FLOW RATE(GPM) READING FROM FLOW METER: _____ TURNOVER RATE REQUIRED(GPM): _____ TURNOVER RATE BEING MET: (✓) YES: _____ NO: _____	FLOW RATE(GPM) READING FROM FLOW METER: _____ TURNOVER RATE REQUIRED(GPM): _____ TURNOVER RATE BEING MET: (✓) YES: _____ NO: _____
POOL FILTER IN USE:(✓) DE: _____ SAND: _____ CARTRIDGE: _____	POOL FILTER IN USE: (✓) DE: _____ SAND: _____ CARTRIDGE: _____
DISINFECTANTS USED: (✓) ALL THAT APPLY: Trichlor: _____ Dichlor: _____ CalHypo: _____ Bromine: _____ Sodium Hypochlorite: _____ Cyanuric Acid: _____ Ultraviolet Light: _____ In-Line Generator: _____ Potassium Monopersulfate: _____ Other: Specify: _____	
MSDS SHEET AVAILABLE FOR ALL DISINFECTANTS USED : (✓) YES: _____ NO: _____	
POOL TEST KIT REAGENTS REPLACED ANNUALLY: (✓) YES: _____ NO: _____	
TEST KIT USED CAPABLE TO DETECT COMBINED CHLORINE(CC) AT 0-0.2 PPM: (✓) YES: _____ NO: _____	
GATE TO POOL SELF-CLOSING AND LATCHING:(✓) YES: _____ NO: _____	
HAVE THERE BEEN ANY CHANGES MADE TO THE POOL OR FILTRATION EQUIPMENT FROM LAST YEAR? (✓) YES: _____ NO: _____ IF YES, DESCRIBE CHANGES: _____	

SIGNED: _____

PRINT: _____

DATE: _____