



Hudson Board of Health
 78 Main Street, Hudson, MA 01749
 (978) 562-2020

Annual Permit Fee: \$100

APPLICATION FOR A PERMIT TO OPERATE A SWIMMING POOL

Application is hereby made for a permit to operate a public, semi-public, or special purpose pool.

Location of the Swimming Pool					
Owner				Telephone	
Email			24 Hr Emergency No.		
Mailing Address				State	Zip
Contact (if different from owner)			Telephone		
Certified Pool Operator			Telephone		

Type of Pool	<input type="checkbox"/> Public	Length	
	<input type="checkbox"/> Semi-public	Width	
	<input type="checkbox"/> Special Purpose	Volume	
	<input type="checkbox"/> Wading		
Non Swimming Area	Square feet	Swimming Area	Square feet
Pool Features	<input type="checkbox"/> Diving	Source of Water	<input type="checkbox"/> Town Water
	<input type="checkbox"/> Water Slide		<input type="checkbox"/> Private Well Water
Treatment System (diatomaceous earth, cartridge filter, etc.)		Disinfection Method (chlorinator, brominator, etc.)	
Lifeguard	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes: Number per Shift: _____		
Remarks			

By signing this application, I certify that this pool is to be operated according to 105 CMR 435.000 Minimum Standards for Swimming Pools (State Sanitary Code Chapter V).

Signature of Individual:		Date:	
Name of Individual:		Title:	