



BOARD OF HEALTH
TOWN OF FOXBOROUGH
 MASSACHUSETTS

POOL/SPA APPLICATION

40 SOUTH STREET
 Tel (508) 543-1207
 Fax (508) 543-6278

Fee: \$100.00 each, please make checks payable to the TOWN OF FOXBOROUGH.

BHP- _____
 DATE REC'D _____
 CHECK # _____

Owner Of Pool: _____ Tel.#: _____
 Address: _____
 Contact: _____ Tel.#: _____
EMAIL: _____
 Location: _____ Name of Pool: _____
 Hours pool is opened for: _____
 Type of Pool: _____ Type of finish: _____

Sketch: (A stamped-engineered approved plan must be filed with original application.) _____
Note: Approval from this office must be requested prior to any modifications from the original plan.

LENGTH: _____ WIDTH: _____ VOLUME: _____ gallons

Bather Load: _____

Swimming area: _____ Non-Swimming area: _____ Diving area: _____
 Source of water: _____ Disposal of sewage and waste water: _____

DECK: (type and width) _____ Number of skimmers: _____

TREATMENT SYSTEM:

Type of filter: _____ Size: _____ HP: _____ Cartridges: _____

DISINFECTION METHOD:

Chlorine: _____ Bromine: _____ Other: _____ Auto. Chlorinator: _____

Is Cyanaric Acid used: _____

CERTIFIED POOL OPERATOR: _____
(ENCLOSE A COPY OF YOUR CERTIFICATE) THE CPO CERTIFICATE MUST BE ATTACHED WITH THIS APPLICATION, OTHERWISE THE APPLICATION WILL BE RETURNED.

WATER ANALYSIS MUST BE MAILED TO THIS OFFICE. WITHOUT THIS YOUR POOL WILL NOT BE OPENED.

PLANNED OPENING DATE: _____
 (Contact this office at least two weeks prior to your opening date to schedule an appointment, NO EXCEPTIONS)

SIGNED: _____ DATE: _____
 (Permits expire on December 31)

This pool/spa/other is to be operated according to the Minimum Standards for Swimming Pools, State Sanitary Code, Chapter V 105 CMR 435.000.