Date Received	Amount \$	Check #		Permit #	
	FOR BOH	OFFICE USE ONLY	TCC: Initial	Date	
Solar Solar Solar Solar	APPLICATIO	OUTHWICK BOARD IN TO OPERATE A SV OR SPECIAL PURPOS 2024	<u>/IMMING,</u>	Southwick Board of Health 454 College Highway Southwick, MA 01077 (413) 569-1212	
Name of Facility		Phone			
Address of Facility					
Email Address			Fax		
Name of Owner		Phone			
Address of Owner					
Email Address (if differen	nt)				
Name of Certified Pool C)perator:				
Certified Pool Operator's Registration #			Expiration Date		
Type of Pool Please check all that app Pool Dimensions	ly: 🛛 Swimming Pool 🖓 Indoor, year-round	Wading PoolOutdoor, sease	Special Pur Table Public		
Length (ft.):	Width (ft.):		Total Surface	Area (sq. ft.):	
Minimum Depth: Maximum Depth:					
Size of Non-Swimming A	rea (sq. ft. surface area under 5	feet deep):			
Size of Swimming Area (sq. ft.): Is a diving board present? If Yes In No					
Bather Load Capacity:	Number of	Lifeguards Required:			
Treatment and Filtration	<u>l</u>				
Type of Disinfectant:					
Automatic Chlorinator:	2 Yes 2 No Fee	ed Rate Capacity (lbs. /	24 hrs. /10,000 or 15,0	000 gal):	
Type of Filter(s):	Conventional Sand & Grave	D.E.	I High-Rate Sand	Cartridge	
Filtration Rate (gpm/sq. ft.): Hours					
Is pool compliant with th	ne provisions of the Virginia Gr	aeme Baker Pool and	Spa Safety Act? 2 Ye	s 🛛 No 🖓 N/A	
APPLICATION FEE: \$ 75	.00				

I hereby certify that I am an owner or officer of the above pool and all 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 facility and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.