

Application for a Permit to Operate a Swimming Pool in the City of Quincy

Application is hereby made for a permit to operate a public, semi-public or wading pool. This pool is to be operated according to the minimum standards for swimming pools set forth in Article VI of the State Sanitary Code of the Commonwealth of Massachusetts.

- New Application or Renewal
 Swimming Pool, Seasonal (\$100.00) or Swimming Pool, Year-round (\$125.00) and/or
 Special Purpose (Spa), Seasonal (\$100.00) or Special Purpose (Spa), Year-round (\$125.00)

Complete and return this form with permit fee (made out to: *City of Quincy*) to:

**Quincy Health Department
440 East Squantum Street
Quincy, MA 02171**

Upon review of the application and receipt of the permit fee, a numbered permit will be issued by the Quincy Health Department.

Owner: _____ **Telephone:** _____

Location: _____

CPO (name & registration number): _____

Type of Pool: _____ **Heated:** _____ **Length:** _____ **Width:** _____ **Volume:** _____

Size: Swimming Area: _____ **Non Swimming Area:** _____ **Diving Area:** _____

Maximum Pool Capacity (# persons): _____ **Operating Hours*:** _____

ONE LIFEGUARD MUST BE ON DUTY (AT POOL DECK) DURING THE POOL'S OPERATING HOURS. LIFEGUARD MUST BE 16 YEARS OF AGE OR OLDER AND SHALL HOLD THE FOLLOWING CERTIFICATIONS: (1) A CURRENT RED CROSS LIFEGUARD CERTIFICATE, ROYAL BRONZE MEDALLION OR NATIONAL YMCA LIFESAVER'S CERTIFICATE OR EQUIVALENT CERTIFICATION; (2) A CURRENT AMERICAN RED CROSS CPR CERTIFICATE FOR THE PROFESSIONAL RESCUER OR AMERICAN HEART ASSOCIATION CPR LEVEL C CERTIFICATE; AND (3) A RED CROSS STANDARD FIRST AID CERTIFICATE OR EQUIVALENT CERTIFICATE. DOCUMENTATION OF SAID QUALIFICATIONS MUST BE SUBMITTED WITH THIS APPLICATION FORM. ONE LIFEGUARD IS RECOMMENDED FOR EVERY 20 BATHERS. LIFEGUARDS WHILE ON DUTY SHALL WEAR RED OR BRIGHT ORANGE BATHING SUIT, A T-SHIRT OR JACKET WITH GUARD PRINTED IN 4" HIGH LETTERING AND AN ORANGE HAT OR SUN HELMET.

Source of Water: _____ **Disposal of Sewage and Wastewater:** _____

Type of finish: _____ **Scum Gutter:** _____

Deck: (Type and width): _____ **Skimmers (Weir Length):** _____

Treatment System: (kind of filters, etc.): _____

Disinfection Method: (Method, type, capacity, etc.): _____

*When pool is unattended (closed), provisions MUST be in place which prohibit entry to the pool.

Chemical Treatment (Feeders, capacity, quantity, etc.): _____

Dates of Operation (Seasonal pools only): _____

Bacteriological Quality of Water** (One analysis attached and then submitted monthly when pool is open): _____

** Total Coliform and/or Standard Plate Count for all pools; plus pseudomonas aeruginosa for special purpose pools (spas).

I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and not misrepresented in any way, and that I have read, understand and will comply with the Minimum Standards for Swimming Pools (State Sanitary Code: Chapter V) adopted by the Quincy Health Department as regulations for the operation of a swimming pool.

Date

Signature

Name and Title (Print)

Office Use Only:

Date inspected : _____ Permit # issued: _____

Inspectors initials: _____ Fee Paid: _____

Date received/permit issued: _____

Comment: _____
