

Board of Health
71 Mt. Vernon Street
Winchester, MA 01890



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2020 Application to Operate a Swimming Pool

Fees: Adult Pool \$200 Wading Pool \$100

Date: _____

Name of Semi-Public Swimming Pool Facility: _____

Swimming Pool (Adult): Wading Pool (Kiddie):

Address of Facility: _____

Phone # of Facility: () _____

Name of Owner: _____

Address of Owner: _____

Contact/Emergency Response Person: _____

Affiliation with Facility: _____

24-hr Phone Number: () _____

Email Address: _____

Name of Certified Pool Operator: _____

Company: _____ Phone #: () _____

*Maximum # of people allowed in pool: _____

Number of Gallons of Water in Pool: _____

Type of Filtration System (e.g., sand, diatomaceous earth, etc): _____

Type of Disinfectant (chlorine, etc.): _____

Days and Hours of Operation: _____

VGB (Virginia Graeme-Baker Pool & Spa Safety Act) requirement: This has been in effect since 2008; however, manufacturers put expiration dates on their covers. Please complete the following:

VGB Manufacturer: _____

VGB Expiration Date: _____

If you provide lifeguard staff at your pool, you must provide proof of current certification for all staff. Copies may be emailed, USPS mailed to the BOH office or provided at the time of the BOH inspection.

Note: If any changes have been made or are intended to be made, you must inform the Board of Health in accordance with 105 CMR 435.02 "Plan Approval."

The undersigned hereby applies for a permit to operate a swimming pool and certifies that s/he has in their possession a copy of Article VI of the State Sanitary Code "Minimum Standards for Swimming Pools."

This Code can be found at: <http://www.mass.gov/eohhs/docs/dph/regs/105cmr435.pdf>

Signed: _____ Date: _____

Print Name and Title: _____