

Date Received \_\_\_\_\_

Check # \_\_\_\_\_

FEE: \$100.00

Permit # \_\_\_\_\_

ABOVE FOR OFFICE USE ONLY



**APPLICATION TO OPERATE A SWIMMING,  
WADING OR SPECIAL PURPOSE POOL  
2020**

Chicopee Health Department  
115 Baskin Drive  
Chicopee, MA 01020  
Phone: (413) 594-1660 X 376  
Fax: (413) 594-1673

Name of Facility \_\_\_\_\_ Phone# \_\_\_\_\_

Address of Facility \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Owner \_\_\_\_\_ Phone# \_\_\_\_\_

Address of Owner \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Certified Pool Operator: \_\_\_\_\_

Certified Pool Operator's Registration # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Type of Pool**

Please check off all that apply:  Swimming Pool  Wading Pool  Special Purpose Pool  
 Indoor, year round  Outdoor, seasonal  Public  Semi-Public

**Pool Dimensions**

Length (ft): \_\_\_\_\_ Width (ft): \_\_\_\_\_ Total Surface Area (sq ft): \_\_\_\_\_

Minimum Depth: \_\_\_\_\_ Maximum Depth: \_\_\_\_\_ Total Volume: \_\_\_\_\_

Size of Non-Swimming Area (sq ft surface area under 5 feet deep): \_\_\_\_\_

Size of Swimming Area (sq ft): \_\_\_\_\_ Is a diving board present?  yes  no

Bather Load Capacity: \_\_\_\_\_ Number of Lifeguards Required: \_\_\_\_\_

**Treatment and Filtration**

Type of Disinfectant: \_\_\_\_\_

Automatic Chlorinator:  yes  no Feed Rate Capacity (lbs/24 hrs/10,000 or 15,000 gal): \_\_\_\_\_

Type of Filter(s):  conventional sand & gravel  D.E.  high-rate sand  cartridge

Filtration Rate (gpm/sq ft): \_\_\_\_\_ Recirculation Rate: Once Every \_\_\_\_\_ Hours

**Is pool compliant with the provisions of the Virginia Graeme Baker Pool and Spa Safety Act?**  yes  no  N/A

I hereby certify that I am an owner or officer of the above business and all of 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

FEE \$100

CHECK OR MONEY ORDER

PAYABLE TO THE CITY OF CHICOPEE

NO REFUNDS