

Date Received: _____

Check #: _____

FEE: \$100.00

Permit #: _____

ABOVE FOR OFFICE USE ONLY



**APPLICATION TO OPERATE A
SWIMMING, WADING, OR SPECIAL PURPOSE POOL
2021**

Chicopee Health Department
115 Baskin Drive
Chicopee, MA 01020
Phone: (413) 594-3557
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: _____ Phone # _____

Certified Pool Operator's Registration # _____ Expiration Date _____

* Include copy of current CPO certificate *

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 (ft²): _____

Minimum Depth (ft): _____ Maximum Depth (ft): _____ Is a diving board present? yes no

Size of Non-Swimming Area (< 5ft deep) (ft²): _____ Size of Swimming Area (ft²): _____

Total Volume (gal): _____ 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 15,000gal): _____

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

Filtration Rate (gpm/ ft²): _____ 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

CHECK OR MONEY ORDER

PAYABLE TO THE CITY OF CHICOPEE

NO REFUNDS