



TOWN OF LUDLOW

HEALTH DEPARTMENT

488 Chapin Street
Ludlow, MA 01056
(413) 583-5600 ext. 1271 TEL
(413) 583-5689 FAX



Public Health
Prevent. Promote. Protect.

Application to Operate a Public/Semipublic Swimming, Wading or Special Purpose Pool

Name of Facility _____ Date _____

Facility Address _____ Phone# _____

Mailing (if Different) _____ Email _____

Name of Owner _____ Phone# _____

Address of Owner _____ Email _____

Hours of Operation _____

Name of Certified Pool Operator _____

CPO Registration # _____ Expiration Date _____

TYPE OF POOL Please circle all that apply:

Swimming Pool Wading Pool Special Purpose Pool Indoor Outdoor Year-Round Seasonal

POOL DIMENSIONS

Length (ft): _____ Width (ft): _____ Total Surface Area (sq ft): _____

Minimum Depth: _____ Maximum Depth: _____ Total Volume: _____

Size of Non-Swimming Area (sq ft under 5 feet deep): _____ Swimming Area (over 5 feet): _____

Bather Load Capacity: _____ Number of Lifeguards Required: _____ Diving Board: **Yes** **No**

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 Health Department or its agents access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

Print Name of Applicant

Signature of Applicant

FEE \$100.00

Revised: