

TOWN OF AGAWAM PUBLIC/SEMI-PUBLIC SWIMMING POOL PERMIT

STATE SANITARY CODE: CHAPTER V, MINIMUM STANDARDS
FOR SWIMMING POOLS 105 CMR 435.000

DATE: _____

TYPE OF POOL: PUBLIC SEMI-PUBLIC SPECIAL PURPOSE

General Information

Name of Pool: _____	Address: _____
Hours of Operation: _____	Bather Load: _____
Method of Water Treatment: _____	# of Lifeguards: _____
Target Pool Opening Date: _____	

Certified Pool Operator (CPO)

CPO Name: _____
 Mailing Address: _____
 City, State, Zip: _____
 Daytime Phone: _____
 CPO #: _____
 Hours/week Spent at Pool: _____
 Frequency of Water Testing: _____

Agency/Owner

Owner Name: _____
 Mailing Address: _____
 City, State, Zip: _____
 Daytime Phone: _____

Filtration

Type (check):
 Conventional Sand & Gravel D.E. High Rate Sand Cartridge

Number of Tanks: _____ Pressure: _____
 Filter Operates _____ hours/day Freq. Of Turnovers: _____
 Frequency of Backwash: _____ Type of Flow Meter: _____
 Backwash Goes to (Describe): _____ Flow Meter Location: _____

Chemical Treatment

SANITIZATION

Cl₂ Type Used: Gas Liquid Granular Solid
 Other (list): _____

Method of Introduction: Direct (hand) Feeder
 Equipment (make/model): _____

pH CONTROL

Product Used - _____ Avg. Daily Amount: _____
 Method of Introduction: Direct (hand) Feeder

OTHER CHEMICALS USED

Stabilizer Algicide Flocculant Other

ACCEPTABLE WATER QUALITY STANDARDS

Free Chlorine: 1.0 - 3.0 ppm	Alkalinity: 50 - 150 ppm
Combined Chlorine: 0.0 - 2.0 ppm	Water Temp: less than 104 ^o F
pH Level: 7.2 - 7.8	

POOL REQUIREMENT CHECKLIST

(All items must be present prior to issuance of a permit to facility)

Physical Facilities

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Gate self-latching w/ latch 4 ft minimum above ground |
| <input type="checkbox"/> | Walkway and decks 4 feet wide, in safe condition |
| <input type="checkbox"/> | Ladders, steps: One per 75 feet. Not less than 2 ladders |
| <input type="checkbox"/> | Bathhouse & Sanitary Facilities w/adequate lighting, ventilation, and sanitary condition |
| <input type="checkbox"/> | Waste and backwash water disposed of properly |
| <input type="checkbox"/> | Separation tank provided for diatomaceous earth filter backwash water (if applicable). |

Safety Equipment

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Complete first-aid kit provided in secure and accessible location |
| <input type="checkbox"/> | Access to Emergency Communication System at the pool and in working order. Must be in an unlocked area and available at all times to staff and the public. Operating instructions and emergency numbers posted. |
| <input type="checkbox"/> | Ring Buoys and Rescue Hook readily available poolside |
| <input type="checkbox"/> | Line with Floats separating non-swimmer area from deeper water |

Markings

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Water depth markings on deck and walls. |
| <input type="checkbox"/> | Boundary Line on pool floor and walls. |
| <input type="checkbox"/> | Step Edges marked with contrasting color |
| <input type="checkbox"/> | Signs Posted in Visible Area (submit description with application) |

Water Quality

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Suitable automatic equipment for disinfection of pool water. |
| <input type="checkbox"/> | DPD kit provided for chlorine (or bromine), pH, hardness |
| <input type="checkbox"/> | Testing of water performed a minimum of 2 times daily by trained personell |
| <input type="checkbox"/> | Maintenance/ testing records maintained, with time, date, description and tester initials |
| <input type="checkbox"/> | Posting of acceptable water quality standards near testing kit and on records |

Circulation

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Inlets and outlets properly shielded and located |
| <input type="checkbox"/> | Suction outlet covers in place, unbroken and secure & cannot be removed without tools |

Special Purpose Pools

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Special purpose pools equipt with emergency shutoff switch |
| <input type="checkbox"/> | Unbreakable thermometer provided for special purpose pools |

Lifeguards (if required)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Proper Credentials |
| <input type="checkbox"/> | Proper, recognizable suits and garments |
| <input type="checkbox"/> | Whistle and bullhorn provided |

The following must be submitted with application:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Swimming Pool Testing and Maintenance Records Form (example inclosed) |
| <input type="checkbox"/> | Copy of Certified Pool Operator (CPO) Certificate |
| <input type="checkbox"/> | Description of Health and Safety Signage |
| <input type="checkbox"/> | Written Request for variance (if applicable) |

