



**CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES
24 Lowell Street
Peabody, Massachusetts 01960
(978) 538-5926
Fax: (978) 538-5990**

**SHARON CAMERON
DIRECTOR**

**BOARD OF HEALTH
JOHN J. BARRY III, CHAIRMAN
STEPHEN S. KALIVAS, R.P.H.
EUGENE F. SMITH, M.D.**

**APPLICATION FOR PERMIT TO OPERATE A SEMI-PUBLIC
SWIMMING, WADING, or SPECIAL PURPOSE POOL**

SECTION I

1. Operator of the Pool. _____
2. Location of the Pool. _____
3. Swimming Pool _____ Wading Pool _____ Special Purpose Pool _____
4. Method of Water Treatment. Chlorine _____ Bromine _____
5. Number of Certified Lifeguards required by the Peabody Board of Health _____
6. Maximum number of people allowed in the water at any time.
(15 sq. ft. per person) _____
7. Type of Emergency Communication System located at each pool, available at all times.

8. Phone numbers of Emergency Medical Services, Local and State Police, and Fire Department.

I hereby certify that the operator indicated above is thoroughly familiar with CHAPTER V (Minimum Standards for Swimming Pools) of the Sanitary Code of the Commonwealth of Massachusetts 105 CMR 435.000.

NAME _____ TITLE _____

DATE _____

SECTION II

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Social Security Number or Federal Identification Number

Signature of Individual or Corporate Officer

Corporate Name

Fee: Twenty Five (\$25.00). Please make check payable to ‘City of Peabody’.

SECTION III



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SAFETY REQUIREMENTS:

Shepherd's crook or pole to extend greater than 16 feet per 2,000 square feet of water _____

Ring buoy with rope (1-1/2 times width of pool) _____

First aid kit as described in 105 CMR 435.25 _____

Written record of daily attendance, results of chemical tests, dates and times of emptying, cleaning, and backwashing of pool. _____

Sign at entrance to pool requiring a shower before entering pool and forbidding any person with communicable disease to enter pool. _____

Drinking water facilities. _____

Water depth markings on pool deck and vertical pool walls. _____

Polyethylene line (or equal) to separate non-swimmers from deeper water. _____

Emergency communication system available at pool at all times with instructions on how to use system. _____

Test kits: Free Chlorine _____ Combined Chlorine _____ OR Bromine _____

PH _____ Total Alkalinity _____ Calcium Hardness _____

NOTE: If no lifeguards are required by the Board of Health, a warning sign shall be posted in a conspicuous location and shall state "**WARNING-NO LIFEGUARD ON DUTY**" in easy to read, legible letters which are at least 4 inches (10 cm) high. In addition, there shall be signs which are readily visible stating "**CHILDREN UNDER AGE SIXTEEN SHOULD NOT USE SWIMMING POOL WITHOUT AN ADULT IN ATTENDANCE**" AND "**ADULTS SHOULD NOT SWIM ALONE**".

LIFEGUARDS (If required by the Board of Health)

TO BE PRESENT AT POOL AT ALL TIMES WHILE POOL IS OPEN

At least sixteen years of age _____

Certified as described in 105 CMR 435.23 _____ Standard First Aid _____ CPR _____

Red or Bright Orange bathing suit. _____ Orange Hat or Sun Helmet _____

Sun block or other skin protection _____ Whistle, Bull Horn, or other Voice Amplification _____

One Rescue Tube at each Lifeguard Station _____ A backboard with straps _____

CPO Name _____ **Date of Certification** _____

Certification Number _____



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