



# TOWN OF TEWKSBURY

HEALTH DEPARTMENT  
1009 MAIN STREET  
TEWKSBURY, MA 01876

Fee: \$115/Pool  
Expires April 30<sup>th</sup>

(978) 640-4470

Fax: (978) 640-4472

health@teWKsbury-ma.gov

## APPLICATION FOR PUBLIC, SEMI-PUBLIC, WADING POOL AND SPECIAL PURPOSE OPERATION PERMIT

**APPLICATION DEADLINE IS 3 WEEKS PRIOR TO THE OPENING.**

### POOL INFORMATION:

Each pool *SHALL* be separately permitted

Name of Facility:	Facility's Telephone:
Pool Owner:	Telephone:
Pool Street Address:	Pool Mailing Address:
Email address:	Cell Phone No:
Emergency Contact Name:	Telephone:
Address:	Cell Phone:

### TYPE OF POOL:

Public \_\_\_\_\_ Semi-public \_\_\_\_\_ Wading \_\_\_\_\_ Special Purpose \_\_\_\_\_  
 Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_  
 Seasonal \_\_\_\_\_ Annual \_\_\_\_\_

Method of Water Treatment:	# Of Lifeguards:	Bather Load:
Pool Dimensions:		
Pool Capacity: # of Gallons	HOURS OF POOL OPERATION:	
	Opening Date:	Closing Date:

### CERTIFIED POOL OPERATOR (CPO):

Name:	Telephone:
Address:	
Certificate Number:	Expiration Date:

I certify that I have complied with the *Commonwealth of Massachusetts Environmental Code, Minimum Standards for Swimming Pools 105 CMR 435.000* and the *Tewksbury Board of Health Regulations*. I understand that this license expires on April 30 or sooner of the year in which it was issued and that it is my responsibility to renew my application at least 30 days before expiration.

### OWNER INFORMATION:

Full Name	Telephone:
Sole Proprietor Partnership Trust Corporation	
Mailing Address:	City: State and Zip Code:

If corporation or partnership please list names, titles, home address and telephone numbers of officers.

1. \_\_\_\_\_
2. \_\_\_\_\_

**Reminders:**

- Attach a copy of the Certified Pool Operator certificate
- Attach a copy of the Bacteriological Test results from a certified lab for: Standard Plate Count (limit of 200 bacteria per milliliter), Coli Form Test, and Pseudomonas Aeruginosa Test.
- Attach a copy of Worker's Compensation Insurance Affidavit: General Businesses
- Attach a copy of your Insurance Binder
- Check or Money Order made payable to the "Town of Tewksbury"

Pursuant to M.G.L. Ch. 62C sec. 49A, I certify under 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.

Signature of Individual or Corporate Name:	Signature of Corporate Officer (if applicable):
Date Signed:	Social Security or Tax ID Number:

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**FOR HEALTH DEPARTMENT USE ONLY**

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

\_\_\_\_\_  
Check Number

\_\_\_\_\_  
Amount Paid

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