



TOWN OF WEBSTER

Health Department
350 Main Street
Webster, Ma 01570
Phone: 508-949-3800 x 4002
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David Zalewski – Chairman

James Avery –Vice Chairman

Iwona Miller – Member

Webster Board of Health

POOL PERMIT APPLICATION

Fee \$150.00

Date

Facility Name _____

Facility Address _____

Telephone Number(s) _____

Pool Location (Address) _____

Contact Person Name _____

Address _____

Telephone Number(s) _____

Certified Pool Operator (Per 105 CMR 435.17) Name _____

Address _____

Telephone Number(s) _____

Type of Pool _____
(Public, Semi-public or Special Purpose Pool or Hot Tubs/Spa)

Method of Water Treatment _____

Number of Lifeguards _____ Bathing Load not to exceed _____ Bathers

Along with the completed application and fee, please provide the following:

_____ Copy of Pool Operator Certification _____ Copy of Lifeguard Certification

_____ Copy of Agreement / Contract for monthly water testing by MA certified laboratory.

_____ If applicable, description/ model of pool/ spa drain covers and safety vacuum release system.

Applicant Signature

Date