



**TOWN OF HALIFAX  
COMMONWEALTH OF MASSACHUSETTS**

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**Board of Health**

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105 435.000 CMR: DEPARTMENT OF PUBLIC HEALTH

**Halifax Pool Permit Application**

LOCATION: \_\_\_\_\_

OWNER: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

GENERAL INFORMATION

TYPE: \_\_\_\_\_

LENGTH: \_\_\_\_\_

WIDTH: \_\_\_\_\_

VOLUME: \_\_\_\_\_

SOURCE of WATER: \_\_\_\_\_

PLANS SUBMITTED FOR APPROVAL: \_\_\_\_\_

SIZE: Swimming Area (Sq. Ft.) \_\_\_\_\_

Non-Swimming Area (Sq. Ft.) \_\_\_\_\_

Diving Area (Sq. Ft.) \_\_\_\_\_

Maximum Pool Capacity (Persons) \_\_\_\_\_

SCUM GUTTER: \_\_\_\_\_

TRIM and FINISH: Pool walls and bottom: \_\_\_\_\_

DECKING Type: \_\_\_\_\_

MECHANICAL INFORMATION: \_\_\_\_\_

Filters: Kind \_\_\_\_\_

Total Filter Area (Sq. Ft.) \_\_\_\_\_

Circulation Rate: (g.m.p.) \_\_\_\_\_

Backwash Rate: (g.m.p.) \_\_\_\_\_

Turn-over Rate in hours: \_\_\_\_\_

Skimmers: Weir Length: \_\_\_\_\_ Number: \_\_\_\_\_

Chlorinator: Type: \_\_\_\_\_ Capacity: \_\_\_\_\_

Chemical feeders: Capacity: \_\_\_\_\_ Quantity: \_\_\_\_\_

REMARKS: \_\_\_\_\_

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