



TOWN OF HALIFAX COMMONWEALTH OF MASSACHUSETTS

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: _____
