

# Weymouth Health Department

**Director**  
**Daniel McCormack,**  
**R.S., C.H.O**  
**Mayor**  
**Robert L. Hedlund**



**Health Department**  
**75 Middle Street**  
**Weymouth, MA 02189**  
**Tel. (781) 340-5008**  
**Fax. (781) 682-6112**

April 2, 2024

Dear Pool Operator:

## 2024 Pool Permit Application

Attached you will find your application for a permit to operate a semi-public or public pool. Completed application packets must be typed and printed. Please **do not** hand-write applications. Applications must be mailed or dropped off at the Health Department. Applications cannot be submitted electronically.

### **Permit Fees Per Pool:**

Seasonal - \$75.00

Year-Round - \$100.00

Please make your check payable to the **Town of Weymouth** and return to:

Health Department  
75 Middle Street  
Weymouth, MA 02189

The following provisions of 105 CMR 435.000 must be met prior to issuance of a permit:

**Certified Pool Operator (CPO):** You must include a copy of the CPO Certification and signed CPO agreement included in the application.

**Lifeguards:** Lifeguards are required at all pools whenever they are open. Contact the YMCA, American Red Cross or the American Heart Association for information on lifeguards, CPR and First Aid courses.

You must include All lifeguard, CPR and First Aid certifications found in the application, before requesting an opening inspection.

### **All lifeguards must be at least 16 years of age and have the following:**

1. Current Red Cross or Y.M.C.A. Lifeguard Certificate.
2. Current Certification in CPR (Red Cross Professional Rescuer, American Heart Association Level "C" or Health Care Provider CPR).
3. Current Standard First Aid Certification (provided by Red Cross).
4. Bright orange or red swimsuit and bright orange or red hat or sun helmet.
5. T-shirt or jacket with "GUARD" printed on 4" lettering on the back.
6. Whistle bullhorn or other voice amplification device.

**Water Quality:** As required in the past, you **must** record your results from your own test kit four times each day for chlorine or bromine and pH, and also do total alkalinity and calcium hardness tests once a week. **Additionally, an initial water quality test must be done prior to the pre-opening inspection.**

**The following equipment is required:**

1. Emergency Communication System (telephone, radio, etc.) with posted Emergency Telephone Number(s).
2. Rescue tube and/or ring buoy.
3. Backboard with straps.
4. First Aid Kit as described in State Sanitary Code, 105 CMR 435.000
5. Pool Depth Markers – Inside and Outside.
6. Pool Chemicals and Automatic Feed Equipment.
7. Chemical Test Kit and Log Book.
8. Safety and Hygiene Signs (Pool Rules).
9. Rescue Hook (Shepherd's Crook).

As the pool season is fast approaching, please complete and return your application, so we can schedule an appointment for inspection within sufficient time before opening. Please plan accordingly as we cannot honor inspection requests with incomplete applications. Thank you for your attention in this matter.

Sincerely,



Daniel McCormack, R.S., C.H.O  
Director, Weymouth Health Department



# Town of Weymouth Health Department

Weymouth Town Hall  
75 Middle Street  
Weymouth, MA 02189  
781 340 5008

## **2024 Semi-public/Public Swimming Pool Application**

A permit must be obtained for any public, or semi-public indoor and / or outdoor swimming pool, wading pool and special purpose pool (whirlpool). This includes a pool in an apartment complex, camp, condominium, country club, hotel, motel, fitness center, or school. To obtain a permit **complete the following application for EACH type of pool** at your facility. The pool is to be operated according to the Minimum Standards for Swimming Pools (Article V of the Sanitary Code) 105 CMR 435.00.

### **1. POOL LOCATION INFORMATION**

Name of Pool: \_\_\_\_\_

Address of Pool: \_\_\_\_\_

Type of Facility: ☐ Apartment ☐ Camp ☐ Condominium ☐ Fitness Center

☐ Other - Specify: \_\_\_\_\_

### **2. PERMIT MAILING ADDRESS**

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **3. CERTIFIED POOL OPERATOR INFORMATION**

Name of CPO(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **4. 24-HOUR EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **5. POOL INFORMATION**

☐ Public ☐ Semi-public ☐ Special Purpose Pool (i.e. Whirlpool) ☐ Wading Pool

Type of Pool: ☐ Water Slide Flume ☐ Other – Specify: \_\_\_\_\_

☐ Indoor ☐ Outdoor

## 6. Pool Details - Provide the Physical Dimensions

Total Length: \_\_\_\_\_ Total Width: \_\_\_\_\_ Volume - Total Gallons: \_\_\_\_\_

## 7. Hours of Operation

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

## 8. Bathing Load Capacity

Portions of the pool over five feet in depth shall be designated as the "swimming area" (S.A.). Portions of the pool under 5 feet in depth shall be designated as the "non-swimming area". Twenty square feet is required for each person in the S.A. Fifteen square feet is required for each person in the Non-S.A. ten square feet is required for each person in the special purpose pool.

S.A. Length: \_\_\_\_\_ S.A. Width: \_\_\_\_\_ Number of Swimmers: \_\_\_\_\_

Non-S.A. Length: \_\_\_\_\_ Non-S. A Width: \_\_\_\_\_ Number of Non-Swimmers: \_\_\_\_\_

Water Source: ☐ Public ☐ Well ☐ Other – Specify: \_\_\_\_\_

Sewage Disposal: ☐ Municipal ☐ Private ☐ Other – Specify: \_\_\_\_\_

Pool Water Disposal: ☐ Municipal ☐ Private ☐ Other – Specify: \_\_\_\_\_

Pool Finish: ☐ Gunite ☐ Concrete ☐ Tile ☐ Other – Specify: \_\_\_\_\_

Overflow Channel (scum gutter) Length: \_\_\_\_\_ Slimmer Weir Length: \_\_\_\_\_

Deck Width: \_\_\_\_\_ Deck Finish: ☐ Gunite ☐ Concrete ☐ Tile

☐ Other – Specify: \_\_\_\_\_

## 9. Filtration System Information

### Type of Filter(s)

☐ Diatomaceous Earth (DE) ☐ Separation Tank (for DE Filters) Continuous Feed? ☐ Yes ☐ No

☐ Sand If Sand Filter, is it NSF? ☐ Yes ☐ No Size of Each Filter: \_\_\_\_\_ ft<sup>2</sup>

☐ Cartridge Other – Specify: \_\_\_\_\_

Total Number of Filters in System: \_\_\_\_\_

Circulation Rate (GPM): \_\_\_\_\_ Backwash Rate (GPM): \_\_\_\_\_ Turnover Rate (Hours): \_\_\_\_\_

## 10. Type of Chemical Sanitizer

☐ Chlorine ☐ Bromine ☐ UV ☐ Other – Specify: \_\_\_\_\_

## 11. Feed Rate Capacity

**Purification Systems: Hypo chlorinators shall be dependable in operation and equipped with a calibrated controlling device capable of being finely adjusted to the required rates and shall have a feed rate capacity of at least three pounds of chlorine per 24 hours per 10,000 gallons of pool capacity for all outdoor pools. All indoor pools shall have at least one pound of chlorine per 24 hours per 15,000 gallons of pool capacity.**

Outdoor Pool Feed Rate capacity in pounds of Chlorine: \_\_\_\_\_

Indoor Pool Feed Rate capacity in pounds of Chlorine: \_\_\_\_\_

**To obtain a permit to Operate a Swimming Pool please submit the following:**

<input type="checkbox"/>	Completed Swimming Pool Permit Application <b><u>for each pool</u></b> ***	
<input type="checkbox"/>	Documentation showing that the pool drain / grate covers conform to the new Federal Pool Requirements: The Virginia Graeme Baker & Spa Safety Act, American National Standard ASME A112.19.8 – 2007.	
<input type="checkbox"/>	Certified Pool Operator (CPO) Certificates & Agreement Form	
<input type="checkbox"/>	Lifeguard Certifications, including CPR & First Aid, must be submitted 14 days prior to opening inspection	
<input type="checkbox"/>	Completed “Workers’ Compensation Insurance Affidavit: General Businesses.” See page 4. Attach a copy of the workers’ compensation policy declaration page showing the policy number and expiration date.	
<b>FEES</b>		
<input type="checkbox"/>	• Annual Swimming Pool	\$100 each
	• Seasonal Swimming Pool	\$ 75 each
	• Special Purpose Pool (whirlpool)	\$ 75 each
	• Saunas, Steamrooms, etc.	\$ 75 each
Make check payable to the “ <b>Town of Weymouth</b> ” All fees are nonrefundable.		

**Plans must be submitted when:**

<input type="checkbox"/>	According to 105 CMR 435.02, No person shall construct or install a swimming, wading, or special purpose pool, or expand, remodel or otherwise make any change which may affect the compliance of an existing swimming, wading or special purpose pool until the plans and specifications for the construction or change, under the stamped and signature of a Massachusetts Registered Professional Engineer or Registered Architect, have been approved in writing by the Weymouth Health Department (WHD)
<input type="checkbox"/>	The WHD shall be notified when a newly constructed, expanded, or remodeled swimming, wading or special purpose pool is ready for use. Notification shall be given at least one (1) week prior to the completion of the project so that a date can be arranged for a final inspection. Use of such pool shall not commence before a final inspection has been made and written approval to operate has been given by the WHD.
<input type="checkbox"/>	Any revisions to an approved plan and / or filtration system, etc. must be submitted for review and approved by the WHD <b><u>PRIOR</u></b> to alterations to the pool and the system.

Statement: 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. I hereby attest to the accuracy of the information provided in the application and affirm to comply with the jurisdictional current code.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Certified Pool Operator (CPO) Agreement Form**

**Please note: This form is to be completed by the Owner/Agent of the Pool. Unless the CPO is the owner/agent they should not be completing this form.**

I, \_\_\_\_\_ of \_\_\_\_\_  
Name of Owner/Agent Name of Pool Facility

Located at \_\_\_\_\_ Weymouth, MA \_\_\_\_\_  
Address of Pool Facility Zip

Understand that I must have, according to 105 CMR 435.17, a pool supervisor that has successfully completed a course in the safe and effective management of public and semi-public pools as evidenced by a current **Certification as a Pool Operator (CPO).**

Signature of Owner / Agent: \_\_\_\_\_ Date: \_\_\_\_\_

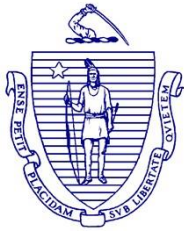
## Swimming Pool Pre-Opening Checklist

Please verify that the following information been submitted to the Weymouth Health Department and that the required equipment is provide and in good working order. If repairs are required, make the repairs first before scheduling a pre-operational inspection.

	Yes	No
Completed application (s)		
Permit fee (s)		
Lifeguard certifications (include CPR & 1 <sup>st</sup> Aid)		
Has the CPO adequately trained all on-site pool personnel in safe, sanitary & effective operation of the pool and equipment as required by 105 CMR 435.17 of the Minimum Standards for Swimming Pools, State Sanitary Code, Chapter V		
Shepard's crook and ring buoy with rope (at least 1 ½ times the width of the pool) is in good condition and readily accessible		
Is the Emergency Telephone operable at all times.		
Is the Emergency Telephone Numbers posted by the telephone		
Is the pool deck in good repair and free of any obstructions or hazards		
Are the pool depth markings properly displayed on the inner side facing the pool and on the deck		
Are pool ladders and hand railings secured		
Have the anti-vortex drain covers been tested to ensure they are securely attached		
Is a Water Test Kit available with fresh reagents		
Has the pool operator(s) and lifeguard(s) been trained in the proper use of the test kit and how to maintain records		
Is the water Circulation System working properly including a functioning flow meter		
Does the water circulate the total volume of water according to 105 CMR 435.06		
Is the area around the pool properly secured? The fence shall be in good condition with no openings >3", gate shall be self-latching and self-closing and the latch no less than 4 feet from surface.		

### **FIRST AID KIT**

35	1" Band-Aids	1	Scissors
10	3" x 3" Sterile Gauze Pads	1	Tweezers
2	5" x 5" Surgipads	1	Rescue Blanket
1	8" x 10" Surgipad	12	Antiseptic Wipes
2	2" Soft Roller Pads	2	Disposable Instant Ice Packs
2	3" Soft Roller Pads	1	Sterile Isotonic Buffered Eye Wash
1	½ Roll of Hypoallergenic Tape	2	Pairs of One Size Fits All Non-Latex
1	Triangular Bandage	1	Micro-Shield or Pocket Mask
	MSDS Sheets (Material Safety Data		



**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**1 Congress Street, Suite 100**  
**Boston, MA 02114-2017**  
**[www.mass.gov/dia](http://www.mass.gov/dia)**

**Workers' Compensation Insurance Affidavit: General Businesses.**  
**TO BE FILED WITH THE PERMITTING AUTHORITY.**

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

1. ☐ I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.  
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.***

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

***I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

***Official use only. Do not write in this area, to be completed by city or town official.***

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (circle one):**

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_