



**TOWN OF EDGARTOWN
OFFICE OF
BOARD OF HEALTH**

70 MAIN ST
P.O. BOX 1596
EDGARTOWN, MA 02539
TELEPHONE
(508) 627-6120
health@edgartown-ma.us

Application for a Permit to Operate a Semi-Public Swimming Pool

Owner: _____ Phone # _____

Email: _____ Emergency Contact _____

Location: _____

Map/Lot/ Street & Mailing Address

General Information

Type: _____ Length: _____

Width: _____ Volume: _____

Source: Town Water On-Site Well

Swimming Area (sq. ft.): _____ Non-Swimming Area (sq. ft.): _____

Diving Area (sq. ft.) _____ Max Pool Capacity (# of persons) _____

Location & Number of Scum Gutter: _____

Trim & Finish: Pool Walls & Bottom: _____

Decking Type: _____ Minimum Width _____

Has your pool and associated support been modified since 2023? Yes No

Mechanical Information

Location & Distance from pool: _____

Filters (kind): _____

Total Filter Area (sq. ft.) _____ Circulation Rate (GPM): _____

Backwash Rate (gpm): _____ Turn -Over Rate (Hours): _____

Skimmers:

Weir Type: _____ Numbers: _____

Chlorination (Type): _____ Capacity: _____

Chemical Feeders: _____ Capacity (lbs.): _____ Quantity: _____

Name(s): of AND a COPY of the Certified Pool Operators Certificate:

Please note, at any time during your pool operation an operator holding the certificate is no longer employee at your location you MUST inform this office within 5 business days of the CURRENT/New Certificate holder.

Application is hereby made for a permit to operate a semi-public pool or wading pool in the Town of Edgartown. This pool is to be operated according to the minimum standards for swimming pool set forth at, 105 CMR 435.000 with an effective date of 2/20/1998.

DATE: _____ Signature/Title: _____

Permit expires on December 31st.

DATE RECEIVED BY EDGARTOWN BOARD OF HEALTH: _____

PERMIT # Issued: _____



