



Tracy L. Mayo, R.S./R.E.H.S.
Health Agent

TOWN OF DUXBURY

BOARD OF HEALTH
TOWN OFFICES
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DUXBURY, MASSACHUSETTS 02332

Telephone (781) 934-1100
Fax (781) 934-1118

DATE: _____

2022 ANNUAL POOL PERMIT/ INSPECTION FEE: \$125.00

**In accordance with the provisions of Chapter 111, Section 127A of the General Laws, and
Regulations established by the Massachusetts Department of Public Health (105 CMR 435.00)
State Sanitary Code: Chapter V, Minimum Standards for Swimming Pools**

APPLICATION FOR PERMIT TO OPERATE A SEMI-PRIVATE SWIMMING POOL

CORPORATION OR INDIVIDUAL _____

FOR THE OPERATION OF **SEMI-PUBLIC SWIMMING POOL** _____

(Public, Semi-Public, or Special Purpose Pool)

ADDRESS _____

MAILING ADDRESS _____

PHONE _____

EMAIL _____

METHOD OF WATER TREATMENT _____

BATHING LOAD NOT TO EXCEED _____ **BATHERS**

NUMBER OF LIFEGUARDS REQUIRED AT ALL TIMES THE POOL IS OPEN _____

POOL INSPECTION SCHEDULE DATE: _____

INSPECTED BY _____

ISSUE DATE _____