



Rajit Gupta, MPH, RS, CP_FS
Director of Public Health

TOWN OF ASHLAND

Health Department

Town Hall
101 Main Street
Ashland, MA 01721
Phone: 508-881-0100 x 7922
Fax: 508-881-0182
www.ashlandmass.com

2023 SEASONAL SWIMMING POOL PERMIT RENEWAL

Dear Applicant:

Enclosed please find your 2023 Seasonal Swimming Pool Permit Renewal Application packet. Please take the time to review the information below to ensure you are able to renew your permit and obtain your Permit to Operate a Swimming Pool.

What do you need to submit for permit renewal?

- Completed Application for a Permit to Operate a Swimming Pool
- You **must provide a valid email address** to receive Pool Permit and Inspections
- Completed Worker's Compensation Insurance Affidavit (enclosed)
- Certificate of Insurance
- Swimming pool water bacteriological testing results
- Current Certified Pool Operator Certificate
- Lifeguard credentials, if required
- Documentation showing that 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.
- Correct Permit Fee, check payable to "**Town of Ashland**", see application.
 - Seasonal Swimming Pools (Outdoor) \$285.00

What is the deadline for submitting all applications?

Applications and other documentation must be received prior to May 15, 2023. A late fee of fifty dollars (\$50.00) will be assessed for non-submittal of all applications and/or incomplete application packets received after May 31, 2023. Please note that missing information may cause a delay in the permit renewal process.

When do I schedule a pool inspection?

It is important to contact the Health Department prior to May 15, 2023 to schedule an inspection for opening your pool. This will allow sufficient time to coordinate the comprehensive inspection and conduct any needed follow-up inspections prior to Memorial Day weekend. All equipment must be fully installed and functioning properly prior to the inspection. Please review the enclosed inspection report to prepare for your inspection. Once the application and inspection(s) are completed, the Health Department will issue your Permit to Operate a Swimming Pool. **You are not allowed to operate your Swimming Pool without a permit from the Health Department.**

The Health Department Office hours are Monday, Tuesday, Thursday, 8:00 AM to 3:30 PM, and Wednesday 8:00 AM to 7:00 PM. You can call the Health Director at (508)881-0100 x 7922, or email rgupta@ashlandmass.com to schedule an inspection or ask questions concerning this matter.

Best Regards,

Rajit Gupta, MPH, RS, CP-FS

Application for Renewal Permit to Operate a Swimming Pool

Fill out one application for each type of pool. An Application is hereby made for a permit to operate a public, semi-public, whirlpool or wading pool. This pool is to be operated according to the Minimum Standards for Swimming Pools (Article V of the Sanitary Code) 105 CMR 435.00.

Pool Name: _____

Date: _____

Pool Address: _____

Pool Telephone: _____ Fax: _____

Name of Owner: _____ Email: _____

Address of Owner: _____

Telephone: _____

Corporate or Partner Name, list information below:

Name: _____ Title: _____

Home Address: _____

Telephone: _____

Name of Certified Pool Operator: _____

Email Address of Certified Pool Operator: _____ Telephone: _____

Type of Permit	Fee	Duration of Permit
Seasonal Swimming Pool (Outdoor)	\$ 285.00	Seasonal, Expires Sept. 30th

Payment is due with application. Check made payable to: "Town of Ashland"

Pursuant to MGL Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Federal ID# or Social Security Number _____

Signature of Individual/Applicant _____ Date: _____

Days and Hours of Operation: _____

Type of pool: Public () Semi-Public ()

Provide the Physical Dimensions:

Total Length: () Total Width: () Total Gallons: ()

Provide the Bather 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: ()

Circle the correct response. Provide additional information if “other” is chosen.

Water Source: Public () Private () Other: _____

Sewage Disposal: Public () Private () Other: _____

Pool Water Disposal: Public () Private () Other: _____

Pool finish: Gunite () Concrete () Tile () Other: _____

Overflow channel (scum gutter) length: () Skimmer weir length: ()

Deck width: () Deck finish: Gunite () Concrete () Tile ()
Other: _____

Filtration systems: Diatomaceous Earth () with Separation Tank ()
Sand () Cartridge Filters ()
Other: _____

Chemical Sanitizers: Chlorine () Bromine () Other: _____

Provide the Feed Rate Capacity:

Purification Systems: Hypochlorinators 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: _____

Minimum Flow Rate/ Gallons Per Minute

Pool Length (**L**) = _____

Pool Width (**W**) = _____

Pool Depth (**D**)* = _____

* If pool is sloped, find the average depth

$$\text{Average Depth} = (\text{Shallow} + \text{Deep}) \div 2$$

Example: Deepest portion of pool = 10 feet Shallow portion of pool = 4 feet

$$\text{Average Depth} = (10 \text{ feet} + 4 \text{ feet}) \div 2 = 7 \text{ feet}$$

1. Calculate Pool Volume:

$$\mathbf{L \times W \times D \times 7.48 \text{ (gallons/cubic foot)} = \text{Pool Volume in Gallons}}$$

$$\frac{\text{Pool Length} \times \text{Pool Width} \times \text{Pool Depth} \times 7.48}{\text{Pool Length} \times \text{Pool Width} \times \text{Pool Depth} \times 7.48} = \text{(Pool Volume in Gallons)}$$

2. Determine preferred Turnover Time for Pools and Whirlpools in hours:

Swimming Pools: **8 Hours**

Wading Pools: **4 Hours**

Special Purpose Pools (Spas/Whirlpools): **0.5 Hours**

3. Determine Minimum Flow Rate:

$$\mathbf{\text{Pool Volume} \div \text{Turnover Time in hours} \div 60 \text{ minutes} = \text{Minimum Flow Rate}}$$

(8 hours swimming pool, 4 wading pool,
0.5 hours special purpose pool (whirlpool))

$$\frac{\text{(Pool Volume in Gallons)} \div \text{(Turnover Time, either } \div 60 \text{ minutes)}}{8, 6 \text{ or } 0.5 \text{ hours}} = \text{(Minimum Flow Rate)}$$

(Please attach a sketch of the pool. A detailed plan must be filed with each original application.)



NOTICE of New Federal Pool Requirements The Virginia Graeme Baker Pool & Spa Safety Act



The provisions of the new law are designed to prevent serious injuries and fatalities associated with suction entrapment in pools and spas.

By December 19, 2008, in accordance with the new federal law

- **ALL** public, semi-public and special purpose swimming pool drain/grate covers **MUST** conform to the American National Standard ASME A112.19.8 – 2007 Suction Fittings for Use in Swimming Pools, Wading Pools, Spas, and Hot Tubs, or any successor standard, published by the American Society of Mechanical Engineers (ASME);
- **EVERY** public, semi-public and special purpose swimming pool with a single main drain, other than an unblockable drain (interpreted by the Consumer Product Safety Commission to have minimum dimensions of 18 inches by 23 inches or have a diagonal measurement of 29 inches or more), **MUST** be equipped with one or more additional systems or devices designed to prevent suction entrapment. As outlined in the law these additional systems or devices may include a safety vacuum release system (SVRS), suction limiting vent system, gravity drainage system, automatic pump shut-off, or any other system determined by the CPSC to be equally effective in preventing suction entrapment;
- If a public, semi-public or special purpose pool can not comply by December 19, 2008, the CPSC requires that the pool or special purpose pool shut down until the proper covers are installed and, when applicable, an additional suction entrapment prevention device or system is installed as outlined in the law; and
- Non-compliance with these federal provisions may result in the imposition of civil or criminal penalties under sections 20 or 21 of the Consumer Product Safety Act.

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By December 19, 2008, in accordance with regulation 105 CMR 435.00

- Anti-vortex drain covers must be replaced if they do not meet ASME A112.19.8 – 2007;
- Gravity drainage systems are **NOT** exempt from the drain/grate cover provisions;
- Drain disablement is **NOT** an acceptable suction entrapment prevention option, pursuant to 105 CMR 435.00 Minimum Standards for Swimming Pools, State Sanitary Code, Chapter V;
- An operating permit, pursuant to 105 CMR 435.21, should **NOT** be issued to any public, semi-public or special purpose pool that does not comply with the requirements;
- Variances pursuant to 105 CMR 435.46 shall **NOT** be granted since the federal law implies preemption of state requirements;
- Public, semi-public and special purpose swimming pools that are not open on December 19, 2008 are not required to be in compliance until the day that they re-open; and
- It is the pool operators' **RESPONSIBILITY** to provide written confirmation that pool drain/grate covers conform to the American National Standard ASME A112.19.8 – 2007.

For more information please visit the MDPH – Community Sanitation Program website www.mass.gov/dph/dcs or contact the Massachusetts Department of Public Health, Bureau of Environmental Health at 617-624-5757.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information **Please Print Legibly**

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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*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 #: _____