



OFFICE OF THE BOARD OF HEALTH TOWN OF LEICESTER

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POOL / SPA APPLICATION

FEE: \$50.00

PERMIT # _____

Name of Company/Corporation: _____

Address: _____

Owner(s) Name: _____

Address: _____

Telephone Number: _____ E-Mail: _____

CPO Name: _____

Registration #: _____ Expiration Date: _____

Address: _____

DIMENSIONS

Type of Pool: _____ Length: _____ Width: _____ Volume: _____

Sketch: a detail plan must be filed with original application.

Size: Swimming Area _____	Non-Swimming Area _____
Diving Area _____	Maximum Pool Capacity _____
Minimum Depth _____	Maximum Depth _____
Source of Water _____	Number of Lifeguards required _____

Disposal of Sewage and Waste Water: _____

Type of Finish: _____ Scum Gutter: _____

Treatment System/Filter System: _____

POOL CHEMICAL TREATMENT SYSTEM

Disinfection Method Chlorine: _____ Bromine: _____

Chlorination Equipment (Make and Model): _____

Chemical Treatment Feed Rate Capacity: _____

FILTERS

Make: _____ Date of Installation: _____

Type (Check): Conventional Sand & Gravel _____ D.E. _____ High Rate _____ Cartridge _____

PUMPS

Make: _____ Date of Installation: _____

Flow Rate (G.P.M.): _____ Turn Over Rate (Hrs.): _____

Pool Type

Trim and Finish Materials (Pools, Walls & Bottom): _____

Decking Material: _____ Min. Width of Deck: _____

Outlets

Skimmers: _____

Perimeter Overflow Trough: _____

Name of Certified Lab for Pool Testing: _____

Signature of Applicant: _____ Date: _____