



TOWN OF TEWKSBURY

BOARD OF HEALTH

1009 Main Street

TEWKSBURY, MASSACHUSETTS 01876

Susan Sawyer, R.S.
Director of Public Health

FEES:

Plan Review New: \$200.00

Plan Review Major Remodel: \$150.00

Plan Minor Remodel: \$100.00

Change in Ownership: \$100.00

(978) 640-4470

Fax: (978) 640-4472

Application for Specifications and Plan Approvals for Swimming/Wading Pool

Business Name: _____ Address: _____

Applicant: _____ Contact Person: _____ Phone #: _____

Contractor: _____ Contact Person: _____ Phone #: _____

Type of Work Proposed:

Construct Remodel

Category:

Public Semi-Public

Type:

Special Purpose Swimming Wading Water Slide

Length: _____ Ft. Width: _____ Ft. Water Source:

Volume: _____ Gallons: _____ Well Municipal Other _____

Bather Load Capacity:

Swimming Area (depth >5'): _____ sq. ft. divided by 20 Sq. Ft. = _____ Persons

Non Swimming Area (depth <5'): _____ sq. ft. divided by 15 Sq. Ft. = _____ Persons

Diving Area (300 sq. ft./Board): _____ sq. ft.

TOTALS: _____ sq. ft. **TOTALS:** _____ Persons

Bath House:

Is a Bath House Proposed? Yes No *If no, skip this section.*

Hose Bib w/Vacuum Breaker? Yes No

Ventilation: Attach a letter from an HVAC Engineer (with stamp) stating the proposed air exchange rate and that the design meets all applicable codes and standards.

| Bathroom Fixtures | Required | Provided |
|-------------------|------------------|----------|
| Showers | 1 per 40 bathers | |
| Water Closets | 1 per 40 bathers | |
| Wash Basins | 1 per 60 bathers | |

General

Fence Type

Stockade Chain Link Other: _____

Fence Height

5 Feet (Minimum) 6 Feet (must be Chainlink)

Where will chemicals, supplies, and other equipment be stored? Describe room ventilation: _____

Circulation and Filtration System

Turn Over Rate:

1 in 8 hrs. (Swimming Pool) 1 in 4 hrs. (Wading Pool)

1 every 1/2 hour (special purpose pool) 1 every hour (water slide flumes)

| ✓ | Filter Type | Max Rate Allowed (gpm/ft) | Rate Proposed (gpm/ft) | Backwash Rate (gpm) |
|---|--------------------|---------------------------|------------------------|---------------------|
| | Sand | 3 | | |
| | High-Rate | 15 | | |
| | Diatomaceous Earth | 1.5 | | |
| | Cartridge-Type* | 0.375 | | |
| | Other: | | | |

*If used, one complete set of extra filters to be kept on site at all times.

Disinfectant Type: Chlorine Bromine Other: _____ **Feed Rate (lbs./hr./gal.):** _____

Cross Connection Devices: Is an air gap provided where water supply fills system? Yes No

Backwash Water: Backwash water discharges to: Sewer DryWell Other: _____

Will CO2 be used for pH control? Yes No If yes, see 435.06(7).

Are system inlets and outlets designed in accordance with 435.08? Yes No

Number of anti-vortex drains provided: _____

Are skimming facilities designed in accordance with 435.10? Yes No

Emergency Phone Location: _____

*Direct Connect to emergency 911

Deck Drains: Number: _____ Where do they discharge? _____

Please Attach:

- Filter Specification Sheet
- Pump Specification Sheet
- Site Plan showing pool location
- Pool Construction Prints with:
 - P.E. Stamp and Signature
 - Water flow diagram (see 435.08)
 - Top view showing pool dimensions, inlets, outlets, and skimmers.
 - Deck surface non-slip and sloped away
 - Side view showing depths, floor slopes, and dimensions.
- Anti Vortex Specification Sheet
- Disinfectant Feeder Specification Sheet
- Letter from HVAC Engineer (INDOOR POOLS ONLY)
- Contrast color strip on stairs:
- Contrast color strip shallow to deep end:
- Lining or base pool color:

I certify that the information provided here and on all accompanying documents complies with 105 C.M.R. 435.00 all applicable codes and regulations.

SIGNATURE OF APPLICANT: _____

Date: _____

Approved: _____

Date: _____

Stamp and Signature of P.E.