



Hadley Board of Health

100 Middle Street 1st Floor Hadley, MA 01035

Email - health@hadleyma.org

Phone - 413-584-4562



Public Health
Prevent. Promote. Protect.

APPLICATION TO OPERATE A SWIMMING POOL, HOT TUB, OR SPA

Application is hereby made for a permit to operate a public or semi-public swimming pool, wading pool, hot tub, or spa. Signing this permit certifies that the applicant will operate the pool according to: **105 CMR 435.000 Minimum Standards for Swimming Pools (State Sanitary Code, Chapter V).**

A separate application and fee must be filled for each pool, spa, or hot tub.

___ New Permit	___ Renewal	___ Swimming Pool	___ Hot Tub
___ Year Round Operation	___ Seasonal Operation	_____ Dates Open if Seasonal	

Owner Name: _____ Telephone #: _____

Pool Location: _____

Pool Operator: _____ Telephone #: _____

Date of Certification: _____

Swimming Pool Permitting Process

New Applicants Include the Following:

- Completed: "Swimming Pool, Hot Tub, or Spa Permit" Application (Pages 1 & 2)
- Non-refundable deposit for annual permit payable to "Town of Hadley" (see Permit Fee Schedule)
- Include a copy of the certification. (No permits will be issued unless the pool has a Certified Pool Operator)
- Attach a sketch of the pool. A detailed plan must be filed with each original application.

Renewal Applicants Include the Following:

- Completed: "Swimming Pool, Hot Tub, or Spa Permit" Application (Pages 1 & 2)
- Non-refundable deposit for annual permit payable to "Town of Hadley" (see Permit Fee Schedule)
- Include a copy of the certification. (No permits will be issued unless the pool has a Certified Pool Operator)

Mail: Completed packet to the: Town of Hadley – Board of Health 100 Middle Street Hadley, MA 01035

Following application approval: The remainder of annual permit cost will be required to release the permit. ** Permit cost is variable and determined by several items including: the size, maximum capacity, and type of swimming pool, hot tub, or spa.



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Pool Information

Description: Maximum Capacity _____ persons (435.027)

Length _____ ft. Width _____ ft. Volume _____ gallons

Swimming Area _____ sq. ft. Length _____ ft. Diving Area _____ sq. ft.

Non-Swimming Area _____ sq. ft. Number of Skimmers _____ Skimmer Weir Length _____ ft.

Decking: Type _____ Width _____ ft. Fence Height _____ ft.

Water Source _____ Sewage/Waste Water Disposal _____

Filtration System

Type of Filters _____ Total Filter Area _____ sq. ft. Circulation Rate _____ gpm.

Backwash Rate _____ gpm. Turnover in Hours _____ Rate in Hours _____

Disinfection System

Type of Chlorinator _____ Capacity _____ gallons or tablets.

Signature of Applicant: _____ Date: _____

Pursuant to M.G.L. Ch. 62C., Sec.49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.