



TOWN OF MILLIS

BOARD OF HEALTH

900 Main Street • Millis, MA 02054

Phone: 508-376-7042

Public or Semi-Public Swimming Pool Application

FEES: \$324.00 Swimming Pool/\$195.00 Wading-Special Purpose Pool

Application for : ____Swimming Pool ____Wading Pool ____Special Purpose Pool
(Jacuzzi, whirlpool)

(Check one only)

____Indoor ____Outdoor

Wetlands within 200 Ft Yes____ No____

Location: _____

Owner: _____ FID#_____

Contractor: _____

Pool Operator: _____ CPO #_____ Telephone: (____)_____

Email: _____

Pool Finish: _____ Length: _____ Anti-vortex ☐yes ☐no

(walls and bottom)

Width: _____ Volume: _____ Disposal of backwash _____

Source of Water: _____ Bather Load _____

Size: Swimming Area (square feet) _____

Non Swimming Area (square feet) _____

Diving Area (square feet) _____

Maximum Pool Capacity (persons) _____

Scum Gutter: _____

Decking Type: _____ Minimum Width: _____

Mechanical Information: _____

Filters: Type _____

Total Filter Area (square feet) _____

Circulation Rate (g.p.m.) _____

Backwash Rate (g.p.m.) _____

Turn-Over Rate (hours) _____

Number of drains _____

Skimmers: Weir Length _____ Number _____
Chlorinator: Type _____ Capacity _____
Chemical Feeders: _____ Capacity _____ Quantity _____

Lifeguards _____

Remarks: _____

Sketch swimming pool dimensions on the back of sheet including dimensions and depth locations

Signed: _____ Date: _____