



Gail Joseph  
Health Agent

# Town of Mattapoisett Board of Health

16 Main Street  
Mattapoisett, MA 02739

Carmelo Nicolosi  
Board Member

Russell Bailey  
Board Member

Michele Bernier  
Board Member

## --2023 SWIMMING POOL PERMIT APPLICATION -- PLEASE READ CAREFULLY--

- Application fee is non-refundable. Cash or check payable to the Town of Mattapoisett required. Permits may not be prorated or transferred.
- Permits to operate a Swimming Pool expire on an annual basis. Applicants failing to submit this application and the required fee prior to the expiration date of the existing permit shall be assessed a late charge and may require a hearing before the Board of Health for violation of 105 CMR 435.00.
- Incomplete applications will be returned for corrections and/or completion and delay the issuance of a permit. Please print legibly.
- Pool Supervisor Certification must be attached to this application for it to be deemed complete.
- Fee: \$100.00**

Name of Pool	Phone Number	
Address of Pool	E-mail Address	
Mailing Address	Type of Pool (Public/Semi Public)	
Pool Owner's Name	Cell Phone Number	
Pool Capacity (Gallons)	Bather Load	Hot Tub/Whirlpool/Spa
Name Method of Water Treatment	Water Source	Type of Filter

Name of Certified Pool Operator/ Pool Supervisor: \_\_\_\_\_

CPO Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

\*\*\* Please enclose copy of certificate when returning application \*\*\*

Describe frequency and method of disposal for wastewater and backwash water \_\_\_\_\_

Please note that according to 105 CMR 435.26, diatomaceous earth filter water must be discharged through a separation tank. It is prohibited to discharge any wastewater into a storm drain that is owned and operated by the Town of Bourne. Please describe location and construction of dry well, if applicable.

If the pool or spa requires backwashing, please check the box ☐

If lifeguards are provided, please check the box ☐ (If no, then signage must be posted in the pool area consistent with 105 CMR 435.23)

I have examined the above application and certify the information to be true and correct, and that in operating this facility I agree to comply with all applicable laws and regulations relative thereto. I hereby grant the Town of Mattapoisett Board of Health permission to conduct unannounced inspections of my facility at any time deemed appropriate by regulating authority. I understand that if violations are found to exist at my facility, I may be charged a re-inspection fee of \$100.00 payable to the Town of Mattapoisett within twenty-one days of notice. Failure to comply with official orders of the Board of Health will result in denial, suspension, modification, or revocation of the permit.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

OFFICE USE ONLY	
Date Issued _____	Permit # _____
Bacterial Water Quality Sample Date _____	