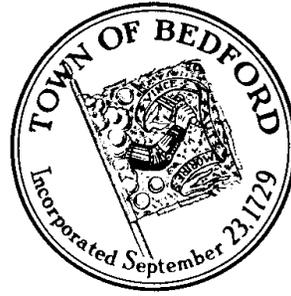


TOWN OF BEDFORD
BEDFORD, MASSACHUSETTS 01730

BOARD OF HEALTH



Town Center Building
12 Mudge Way
Bedford, MA 01730-2170
Phone 781-275-6507
Fax 781-687-6157

APPLICATION FOR A PERMIT TO OPERATE A SWIMMING POOL

Application is hereby made for a permit to operate a public, semi-public, or wading pool. This pool is to be operated according to the minimum standards for swimming pools set forth in Article VI of the Sanitary Code of the Commonwealth of Massachusetts.

OWNER _____ TEL. _____

LOCATION _____

If this is an original application, a detailed plan must be filed with the following information provided:

Type of pool _____ Length _____ Width _____ Volume _____
Size: Swimming Area _____ Non Swimming Area _____ Diving Area _____
Source of Water _____
Disposal of Sewage and Waste Water _____
Type of Finish _____ Scum Gutter _____
Deck: Type and Width _____ Skimmers: Weir Length _____

TREATMENT SYSTEM (kind of filters) _____

DISINFECTION METHOD (method, type, capacity, etc.) _____

CHEMICAL TREATMENT (feeders, capacity, quantity, etc.) _____

Signed: _____

FEE: \$150.00
MAKE CHECKS PAYABLE TO "Town of Bedford"
Permit Expires: _____