Town of Hull

BOARD OF HEALTH 253 ATLANTIC AVE., HULL, MA 02045

Application for Permit to Operate a Swimming Pool

Fee: 75.00

Date_____

Owner _____Tel. No.:_____

Location:_____

Dates of Operation if not Annual: _____

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 etc.)

Disinfection Method:_____
(Method, Type, Capacity etc.)

Chemical Treatment_____
(Feeders, capacity, quantity etc.)

Date of Installation of New Drain/Grate Cover:_____

_____
Signature of Applicant

(Permits expire on Dec. 31)