



Town of Hull

BOARD OF HEALTH

TEL: (781) 925-2224

FAX: (781) 925-2228

253 ATLANTIC AVE

HULL, MA 02045

Application for Residential Swimming /Wading Pool

FEE \$30.00

Specifications and Plan Approvals

Approval of the Board of Health is hereby requested to (Construct) (Remodel) a (Public) (Semi-Public) (Swimming) (Wading) Pool to the following specifications and attached plan.

Location:

Signature of Applicant:

Date:

Address:

Telephone:

Contractor:

General Information

Type:

Length:

Width:

Source of Water:

Size: Swimming area (square feet)

Non Swimming Area (square feet)

Diving Area (square feet)

Maximum Pool Capacity (persons)

Scum Gutter:

Trim Finish:

Decking:

Minimum Width:

Mechanical Information: Filters: (kind)

Total filter are (sq.ft)

Circulation rate g.p.m.

Backwash rate g.p.m.

Turn-over rate in hours

Skimmers: Weir length

Number

Chlorinator: Type

Capacity

Chemical Feeder: Capacity lbs.

Quantity

Specifications and attached plan do meet requirements of the Board of Health

Date

Board of Health

A Plot plan and filter information are required

A Copy of this approval to be submitted to the Building Inspector by applicant.

THIS IS NOT A CONSTRUCTION PERMIT