

**Millis Board of Health (Public or Semi-public)
Swimming Pool/Special Purpose Pool**

**\$250.00 Swimming Pool
\$150.00 Wading/Special Purpose Pool
Check payable to Town of Millis**

Application for : ____ Swimming Pool ____ Wading Pool ____ Special Purpose Pool
(Check one only) (Jacuzzi, whirlpool)
____ Indoor ____ Outdoor

Location: _____

Owner: _____ FID# _____

Contractor: _____

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

FAX: (____) _____

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: _____