



**TOWN OF HANOVER**  
*Board of Health*  
550 Hanover Street, Suite 17  
Hanover, MA 02339  
Tel: 781-826-4611  
Fax: 781-826-5289

**Application for Public Swimming Pool Permit**

**Permit Fee: \$150.00**

**Permit #:**

Application is hereby made to operate a:

- Public
- Semi-public
- Wading
- Swimming
- Special Purpose (Whirlpool)

Annual or Seasonal:

- Annual
- Seasonal

Pool name:

**(Please Print)**

Owner: \_\_\_\_\_

Pool Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax : \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Method of Water Treatment: \_\_\_\_\_

Certified Pool Operator: \_\_\_\_\_

Number of Trained Lifeguards: \_\_\_\_\_

**(Attach Copies of CPR and Lifeguard Certification Cards)**

Maximum Bather Load: \_\_\_\_\_

I understand that in addition to the testing requirements in 105 CMR 435.00 Minimum Standard for Swimming Pools, sections 435.28 – 435.33, all pool permitted by the Town of Hanover Board of Health shall be required to contract with an environmental services company and complete monthly test for the following: 1.) Total Coli Form, 2.) E. Coli, 3.) Pseudomonas Aeruginosa, 4.) Heterotrophic Plate Count (HPC). All test results must be within minimum and maximum criteria as set forth by 105 CMR – 435.00 Minimum Standards for Swimming Pools and the testing agency. I understand the Hanover Board of Health has Pool Regulations that must be followed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_