



Town of Wenham

Town Hall
138 Main Street
Wenham, MA 01984

BOARD OF HEALTH

TEL 978-468-5520 ext. 4

FAX 978-468-8014

Name of Establishment: _____ Date: _____

Mailing Address: _____ City: _____ State: __ __ Zip Code: _____

Phone: _____

Emergency Contact: _____ Phone: _____

Address of Pool: _____ Wenham, MA 01984

Pool Specifications

Type of Pool:

- Public
- Semi – Public
- Special Purpose

Water Treatment Method:

- Chlorine
- Bromine

Bather Load Capacity: _____

Permit Fee: \$150.00

Certified Pool Operator (CPO) Name: _____

Certification Number: _____ Date of Certification: _____

Certification Organization: _____

I have read and understand the 105 CMR 435.000 Minimum Standards for Swimming Pools, State Sanitary Code, Chapter V. Copies are available at the State House Bookstore at (617) 727-2834.

Pursuant to M.G.L. Ch. 62C, sec 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Applicant: _____

Board of Health Approval

Date Fee Received

Fee Amount Received
