



TOWN OF HINGHAM

BOARD OF HEALTH

210 Central Street, Hingham, MA 02043-2762

(781) 741-1466 Fax (781) 804-2373

Email: HealthDirector@Hingham-Ma.com

Application for Specification and Plan Approvals for Construction of a Swimming/Wading Pool by the Board of Health

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

Location:
Owner:
Contractor:
Email:

GENERAL INFORMATION

Type: _____ Length: _____
Width: _____ Volume: _____
Source of H2O: _____ Plans submitted for approval: _____
Size: Swimming Area (Sq. Ft.) _____
Non Swimming Area (Sq. Ft.) _____
Diving Area (Sq. Ft.) _____
Maximum Pool Capacity (persons) _____

Scum Gutter: _____ Trim and Finish: _____

Decking: _____ Minimum Width: _____

Mechanical Information: Filters: (Kind) _____

Total filter area Sq. Ft. _____
Circulation rate g.p.m. _____
Backwash rate g.p.m. _____
Turn-over rate in hours _____

Skimmers: Weir length _____ Number _____
Disinfection: Type _____ Capacity _____
Chemical feeder: _____ Quantity _____

Remarks: _____

SIGNATURE OF APPLICANT _____

ADDRESS _____

TELEPHONE _____

DATE _____

Specifications and attached plan DO meet requirements of the Board of Health.

Date _____

Board of Health

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

THIS IS NOT A CONSTRUCTION PERMIT