

ESTABLISHMENT NAME: _____
POOL LOCATION: _____

SWIMMING POOL PERMIT CHECK LIST -
DOCUMENTS TO BE RETURNED WITH LICENSING PACKAGE.

In order for the Canton Board of Health to issue a pool permit the following documentation is required at the Canton Board of Health. Along with the completion of a pre-opening inspection performed by the Canton Board of Health Inspector.

_____ Completed Application for a permit to operate a swimming pool

_____ Completed Workers Compensation Affidavit Form

_____ Copies of: Current Life Guard Certification(s)

_____ Copy(s) of: Current Certified Pool Operator's Certification

_____ \$50.00 Fee - Please make check payable to the "Canton Board of Health"

_____ Copy of Water Quality Testing Results
forwarded to & received at Canton Board of Health
results can be faxed to (781) 821-0337.

_____ Return; completed, requested paperwork to the
Canton Board of Health, 79 Pleasant Street, Canton, MA 02021;
or fax completed package to 781 821 0337.

Once COMPLETED package is RETURNED to Canton Board of Health you may SCHEDULE the PRE-OPENING INSPECTION by contacting Tim Marble @ 617 827 8360. Please be prepared to leave a voicemail message when calling Tim Marble.

Inspection Scheduled For: _____
(Date)

If you have any questions call 781 821 5021.

Ruth Slattery Administrative Assistant, Canton Board of Health



Commonwealth of Massachusetts
 Board of Health
 Town of Canton
 79 Pleasant Street
 CANTON, MA 02021

****APPLICATION FOR GENERAL PERMIT/LICENSE****

DATE PRINTED

"TO THE LICENSING AUTHORITY: THE UNDERIGNED HEREBY APPLIES FOR A PERMIT/LICENSE IN ACCORDANCE WITH THE PROVISIONS OF THE STATUES RELATING THERETO" PERSON, FIRM OR CORP. MAKING APPLICATION:

ESTABLISHMENT NAME:

File Number:

LOCATED AT:

OWNER:

PHONE:

LICENSING PERIOD JANUARY 1, DECEMBER 31,

PERMIT TYPE	FEE	DURATION		
		ANNUAL	SEASONAL	TEMPORARY
OPERATE A SEMI-PUBLIC SWIMMING POOL SEASONAL (OPERATE A SEMI-PUBLIC SWIM POOL SEASONAL)	\$50.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

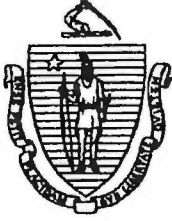
Total Fees: \$50.00

***PERMIT/LICENSE WILL NOT BE ISSUED UNLESS CERT. CLAUSE IS SIGNED.
 *PAYMENT IS DUE WITH THE APPLICATION/CHECKS PAYABLE TO TOWN OF CANTON
 *YOUR SOCIAL SECURITY NUMBER WILL BE FUNISHED TO THE MASSACHUSETTS DEPARTMENT OF REVENUE TO DETERMINE WHETHER YOU HAVE MET TAX FILING OR TAX PAYMENT OBLIGATION. LICENSEES WHO FAIL TO CORRECT THEIR NON-FILING OR DELINQUENCY WILL BE SUBJECT TO SUSPENSION OR REVOCATION. THIS REQUEST IS MADE UNDER AUTHORITY OF THE MGL CH62C, S49A. PLEASE REVIEW AND CORRECT INFORMATION ON THIS FORM.**

IN ACCORDANCE WITH THE RULES AND REGULATIONS MADE UNDER THE AUTHORITY OF SAID STATUES, I _____(SIGNATURE).
 CERTIFY UNDER PENALTY OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW."

SIGNATURE OF INDIVIDUAL, OR CORP, NAME: _____
 BY CORPORATE OFFICER: _____
 SOCIAL SECURITY NO. OR FEDERAL, INFO NO.

Email Address: _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am a employer with _____ employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: CANTON Permit/License # _____

Issuing Authority (circle one):
 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
 6. Other _____

Contact Person: Ruth Blattery Phone #: 781-821-5021

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

SELF-CERTIFICATION FORM FOR SWIMMING POOLS

Name of Facility: _____

Address of Facility: _____

Name of Pool Operator: _____ Phone: _____

I, the undersigned, hereby attest to the following under the pains and penalties of perjury:

- (1) The Board of Health gave me the following documents:
 - This **Self-Certification Form for Swimming Pools** with Appendixes,
 - A blank **Return to Compliance/Request for Variances Form**,
 - A copy of Chapter 5 of the State Sanitary Code, 105 CMR 435.000, **Minimum Standards for Swimming Pools**;
- (2) I returned the following documents to the Board of Health:
 - This **Self-Certification Form for Swimming Pools**, and
 - A completed **Return to Compliance/Request for Variances Form**;
- (3) I have personally examined and am familiar with the information contained in the documents returned to the Board, including any and all documents accompanying this statement;
- (4) The information contained in these documents is to the best of my knowledge, true, accurate, and complete;
- (5) Any additional documents on file at the facility are identified on the following pages by the words "**DOCUMENT ON FILE**";
- (6) Procedures to maintain compliance are in place at this facility and will be maintained for the coming year or season even if programs or operating procedures are changed over the course of the year or season; and
- (7) I am fully authorized to make this attestation on behalf of this facility.

I am aware that there are significant penalties including, but not limited to, possible fines and imprisonment for willfully submitting false, inaccurate, or incomplete information.

Signature: _____ Date: _____

Printed Name/Title: _____

Source of Signatory Authority:

If a Partnership:
 General Partner

If a Sole Proprietorship:
 Proprietor

If a Corporation:
 President
 Secretary
 Treasure
 Vice President (if authorized by corporate vote)
 Representative of the Above (if authorized by corporate vote and if responsible for overall operation of the establishment)

<p>1 The pool at this facility <u>does not</u> require a Swimming Pool permit from the Board of Health because it meets one of the following criteria:</p> <p>(a) It is a residential pool, meaning a swimming or wading pool established or maintained by an individual for his own or family's use, or for the use of personal guests of his household.</p> <p>(b) It is used primarily for baptismal purposes or the healing arts.</p> <p>(c) Other: _____</p> <p>*If you check "yes" to any the items numbered 1(a) to 1(c), then do not fill out the rest of this form. Sign the front page and return it to the Board of Health.</p>	<p>Yes No n/a</p> <p><input type="checkbox"/>* <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/>* <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/>* <input type="checkbox"/> <input type="checkbox"/></p>
<p>2 The pool at this facility <u>does</u> require a Swimming Pool permit from the Board of Health because it meets one of the following criteria:</p> <p>(a) Public Pool – swimming, wading, or special purpose pool to which the general public may gain admission either with or without the payment of a fee.</p> <p>(b) Semi-public Pool – swimming, wading, or special purpose pool on the premises of, or used in connection with a hotel, motel, trailer court, apartment house, condominium, country club, youth club, school, camp, or similar establishment where the primary purpose of the establishment is not the operation of the swimming facilities, and where admission to the use of the pool is included in the fee or consideration paid or given for the primary use of the premises. Includes pools constructed and maintained by groups for the purposes of providing facilities for members and guests only.</p> <p>(c) Other: _____</p> <p>**If you check "yes" to any the items numbered 2(a) to 2(c), then fill out the rest of this form.</p>	<p>Yes No n/a</p> <p><input type="checkbox"/>** <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/>** <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/>** <input type="checkbox"/> <input type="checkbox"/></p>
<p>3 The following types of pools are at this facility (check all that apply):</p> <p>(a) Swimming Pool – an artificial pool of water having a depth of two feet or more at any point and used for swimming or bathing, located indoors or outdoors, together with the bathhouses, equipment, and appurtenances used in connection with the pool.</p> <p>Number of swimming pools at this address: _____</p> <p>(b) Special Purpose Pool – a unit designated for recreational and therapeutic use which is shallow in depth and not meant for swimming and diving. Includes but is not limited to, therapeutic pools, hydrotherapy pools, whirlpools, hot spas, hot tubs, float tanks, etc.</p> <p>Number of special purpose pools at this address: _____</p> <p>(c) Wading Pool – a pool of water in a basin having a maximum depth of less than two feet intended chiefly as a wading place for children.</p> <p>Number of wading pools at this address: _____</p>	<p>Yes No n/a</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><i>PLAN APPROVAL (435.02)</i></p> <p>4 New pool will not be constructed or installed, and existing pool will not be expanded, remodeled, or altered without obtaining written approval from the Board of Health in advance.</p>	<p>Yes No n/a</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><i>BATHHOUSE AND SANITARY FACILITIES (435.03)</i></p> <p>5 Adequate storage space provided for janitorial equipment and supplies, and instructional equipment.</p> <p>6 Adequate ventilation provided for indoor swimming pools, dressing rooms, shower rooms, and/or toilets.</p> <p>7 Sanitary drinking water facilities provided in accordance with 310 CMR 22.00: <i>Drinking Water.</i></p>	<p>Yes No n/a</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

8	Enclosures provided to prevent animals and unauthorized persons from entering pool area:			
	(a) <u>Outdoor pool constructed before 11/2/75</u> – four-foot high fence and gate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) <u>Outdoor pool constructed after 11/2/75</u> – five to six-foot high fence and gate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) <u>Indoor pool</u> – four-foot high barrier.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>SEWAGE DISPOSAL (435.04)</i>	Yes	No	n/a
9	Facility is served by town sewer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Facility is served by a septic system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Facility is served by its own wastewater treatment plant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>LOCATION, STRUCTURAL STABILITY, FINISH (435.05)</i>	Yes	No	n/a
12	Pool walls and floor do not have any projections except for ladders, grab rails, fill spouts under diving stands, or rounded fittings projecting no more than two inches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Surface finish of pool wall and floor is in good repair, moderately smooth, and free from cracks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>WATER CIRCULATION AND FILTRATION SYSTEMS (435.06)</i>	Yes	No	n/a
14	The entire volume of each pool is recirculated through a filtration system in the appropriated amount of time:			
	(a) <u>Swimming pools</u> – once every eight hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) <u>Wading pools</u> – once every four hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) <u>Special purpose pools</u> – once every thirty minutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Each pool has a recirculation and purification system with the following components:			
	(a) A filtration system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Recirculation pumps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Hair and lint strainers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Provision for chemical feed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(e) Provision for bacterial treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(f) Filter effluent flowmeters or meters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(g) Balancing or float-control tank or above-rim fill-spout.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(h) Test kit(s) that meet requirements of 105 CMR 435.29 and distinguish free residual chlorine and combined chlorine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(i) Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	The flow of water through each filtration system does not exceed the filter capacity:			
	(a) <u>High rate filters</u> – no more than 15 gallons per minute per square foot of filter area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) <u>Diatomaceous earth filters without continuous body feed</u> – no more than 1.5 gallons per minute per square foot of filter area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) <u>Diatomaceous earth filters with continuous body feed</u> – no more than 2 gallons per minute per square foot of filter area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) <u>Cartridge-type filters</u> - no more than 0.375 gallons per minute per square foot of filter area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>