



town of  
LONGMEADOW, MASSACHUSETTS

phone: (413) 565-4140 20 Williams Street 01106



BEVERLY S. HIRSCHHORN, CHO, MPH  
Health Director

BOARD OF HEALTH

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APPLICATION FOR RENEWAL OF SEASONAL  
SWIMMING/WADING/SPECIAL PURPOSE POOL PERMIT

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

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

Certified Pool Operator:

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

Work Phone: \_\_\_\_\_ Emergency (home) Phone: \_\_\_\_\_

Proposed date of operation: from \_\_\_\_\_ to \_\_\_\_\_

Please list any new equipment purchased and installed since September 15, 2007.

\_\_\_\_\_

Circulation: # of gallons (volume) of the pool \_\_\_\_\_

Virginia Graeme Baker compliance;

Drain Covers

make/model # \_\_\_\_\_ # of covers \_\_\_\_\_

dimension of covers \_\_\_\_\_ expiration date of covers \_\_\_\_\_.

Secondary System

Yes \_\_\_ No \_\_\_

If yes, type of secondary system \_\_\_\_\_

Will you be requesting a variance from the Board of Health? YES \_\_\_ NO \_\_\_

If yes, please state nature of variance request: \_\_\_\_\_

Compliance to 2010 A.D.A. Pool Standards (List Modifications); \_\_\_\_\_

\_\_\_\_\_