



TOWN OF WATERTOWN

Health Department
Administration Building
149 Main Street
Watertown, MA 02472
Phone: 617-972-6446
Fax: 617-972-6499
www.watertown-ma.gov

Larry Ramdin, MHP, REHS, CHO, CP-FS
Director of Public Health

2021 SEASONAL SWIMMING POOL PERMIT RENEWAL

Dear Applicant:

Enclosed please find your 2020 Seasonal Swimming Pool Permit Renewal Application packet. Please take the time to review the information below to ensure you are able to renew your permit and obtain your Permit to Operate a Swimming Pool.

What do you need to submit for permit renewal?

- Completed Application for a Permit to Operate a Swimming Pool pages 1 -3 (enclosed)
- You **must provide a valid email address** to receive Pool Permit and Inspections
- Completed Worker's Compensation Insurance Affidavit (enclosed)
- Swimming pool water bacteriological testing results
- Current Certified Pool Operator Certificate
- Lifeguard credentials, if required
- Documentation showing that pool drain/grate covers conform to the new Federal Pool Requirements: the Virginia Graeme Baker & Spa Safety Act, American National Standard ASME A112.19.8 – 2007.
- Correct Permit Fee(s), checks payable to "**Town of Watertown**", see application.
 - Seasonal Swimming Pools (Outdoor) \$200.00
 - Seasonal Swimming with Special Purpose Pool/Spa/Whirlpool \$250.00
 - Wading Pool \$100.00

What is the deadline for submitting all applications?

Applications and other documentation must be received **prior to May 14, 2021**. A late fee of **fifty dollars (\$50.00)** will be assessed for non-submittal of all applications and/or incomplete application packets received after May 31, 2021. Please note that missing information may cause a delay in the permit renewal process.

When do I schedule a pool inspection?

It is important to contact one of the Health Officers prior to May 14, 2021 to schedule an inspection for opening your pool. This will allow sufficient time to coordinate the comprehensive inspection and conduct any needed follow-up inspections prior to Memorial Day weekend. All equipment must be fully installed and functioning properly prior to the inspection. Please review the enclosed inspection report to prepare for your inspection. Once the application and inspection(s) are completed, the Health Department will issue your Permit to Operate a Swimming Pool. You are not allowed to operate your Swimming Pool without a permit from the Health Department.

The Health Department Office hours are Monday to Friday 8:30 AM to 5:00 PM. You can call one of the Health Officers at (617) 972-6446 or email either Rajit Gupta at rgupta@watertown-ma.gov or Deanna Mazina at dmazina@watertown-ma.gov to schedule an inspection or ask questions concerning this matter.

Best Regards,

Larry Ramdin, MPH, MA, REHS, CP-FS, CHO HHS
Director of Public Health



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Application for a Permit to Operate a Swimming Pool

Fill out one application for each type of pool. An Application is hereby made for a permit to operate a public, semi-public, whirlpool or wading pool. This pool is to be operated according to the Minimum Standards for Swimming Pools (Article V of the Sanitary Code) 105 CMR 435.00.

Pool Name: _____ Date: _____
 Pool Address: _____
 Pool Telephone: _____ Fax: _____
 Name of Owner: _____ Email: _____
 Address of Owner: _____ Telephone: _____
 Corporate or Partner Name, list information below:
 Name: _____ Title: _____ Home Address: _____ Telephone: _____

Name of Certified Pool Operator: _____

Email Address of Certified Pool Operator : _____ Telephone: _____

Type of Permit	Fee	Duration of Permit
Annual Swimming Pools (Indoor)	\$ 250.00	Annual, Expires Dec. 31st
Annual Swimming Pool with Special Purpose Pool/ Spa/ Whirlpool	\$ 300.00	Annual, Expires Dec. 31st
Seasonal Swimming Pool (Outdoor)	\$ 200.00	Seasonal, Expires Sept. 30th
Seasonal Swimming Pool with Special Purpose Pool/ Spa/ Whirlpool	\$ 250.00	Seasonal, Expires Sept. 30th
Wading Pool Outdoor	\$ 100.00	Seasonal, Expires Sept. 30th

Payment is due with application. Checks made payable to: "Town of Watertown "

Pursuant to MGL Chapter 62C, Section 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.

Federal ID# or Social Security Number Signature of Individual/Applicant Date

Minimum Flow Rate/ Gallons Per Minute

Pool Length (**L**) =

Pool Width (**W**) =

Pool Depth (**D**)* =

* If pool is sloped, find the average depth

Average Depth = (Shallow + Deep) \div 2

Example: Deepest portion of pool = 10 feet Shallow portion of pool = 4 feet

Average Depth = (10 feet + 4 feet) \div 2 = 7 feet

1. Calculate Pool Volume:

L x W x D x 7.48 (gallons/cubic foot) = **Pool Volume in Gallons**

Pool Length x Pool Width x Pool Depth x 7.48 = (Pool Volume in Gallons)

2. Determine preferred Turnover Time for Pools and Whirlpools in hours:

Swimming Pools: **8 Hours**

Wading Pools: **4 Hours**

Special Purpose Pools (Spas/Whirlpools): **0.5 Hours**

3. Determine Minimum Flow Rate:

Pool Volume \div Turnover Time in hours \div 60 minutes = Minimum Flow Rate

(8 hours swimming pool, 4 wading pool,

0.5 hours special purpose pool (whirlpool)

(Pool Volume in Gallons) \div (Turnover Time, either \div 60 minutes = (Minimum Flow Rate)
8, 6 or 0.5 hours)

(Please attach a sketch of the pool. A detailed plan must be filed with each original application.)



NOTICE of New Federal Pool Requirements The Virginia Graeme Baker Pool & Spa Safety Act



The provisions of the new law are designed to prevent serious injuries and fatalities associated with suction entrapment in pools and spas.

By December 19, 2008, in accordance with the new federal law

- **ALL** public, semi-public and special purpose swimming pool drain/grate covers **MUST** conform to the American National Standard ASME A112.19.8 – 2007 Suction Fittings for Use in Swimming Pools, Wading Pools, Spas, and Hot Tubs, or any successor standard, published by the American Society of Mechanical Engineers (ASME);
- **EVERY** public, semi-public and special purpose swimming pool with a single main drain, other than an unblockable drain (interpreted by the Consumer Product Safety Commission to have minimum dimensions of 18 inches by 23 inches or have a diagonal measurement of 29 inches or more), **MUST** be equipped with one or more additional systems or devices designed to prevent suction entrapment. As outlined in the law these additional systems or devices may include a safety vacuum release system (SVRS), suction limiting vent system, gravity drainage system, automatic pump shut-off, or any other system determined by the CPSC to be equally effective in preventing suction entrapment;
- If a public, semi-public or special purpose pool can not comply by December 19, 2008, the CPSC requires that the pool or special purpose pool shut down until the proper covers are installed and, when applicable, an additional suction entrapment prevention device or system is installed as outlined in the law; and
- Non-compliance with these federal provisions may result in the imposition of civil or criminal penalties under sections 20 or 21 of the Consumer Product Safety Act.

* * * * *

By December 19, 2008, in accordance with regulation 105 CMR 435.00

- Anti-vortex drain covers must be replaced if they do not meet ASME A112.19.8 – 2007;
- Gravity drainage systems are **NOT** exempt from the drain/grate cover provisions;
- Drain disablement is **NOT** an acceptable suction entrapment prevention option, pursuant to 105 CMR 435.00 Minimum Standards for Swimming Pools, State Sanitary Code, Chapter V;
- An operating permit, pursuant to 105 CMR 435.21, should **NOT** be issued to any public, semi-public or special purpose pool that does not comply with the requirements;
- Variances pursuant to 105 CMR 435.46 shall **NOT** be granted since the federal law implies preemption of state requirements;
- Public, semi-public and special purpose swimming pools that are not open on December 19, 2008 are not required to be in compliance until the day that they re-open; and
- It is the pool operators' **RESPONSIBILITY** to provide written confirmation that pool drain/grate covers conform to the American National Standard ASME A112.19.8 – 2007.

For more information please visit the MDPH – Community Sanitation Program website www.mass.gov/dph/dcs or contact the Massachusetts Department of Public Health, Bureau of Environmental Health at 617-624-5757.



DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
SECRETARY

JOHN AUERBACH
COMMISSIONER

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Environmental Health
Community Sanitation Program
250 Washington Street, Boston, MA 02108-4619
Telephone (617) 624-5757
Facsimile (617) 624-5777

Equivalent Pool Supervisor & Lifeguard Training Courses (2011)

In accordance with 105 CMR 435.17(2) the pool supervisor of all public and semi-public swimming pools shall have successfully completed a course in the safe and effective operation and maintenance of swimming pools as evidenced by certification as a Pool Operator from the YMCA, the National Swimming Pool Foundation, or from any other organization providing equivalent training, subject to the approval of the Department.

The following sixteen (16) hour courses and certifications have been reviewed and approved by the Department as being equivalent training for pool supervisors:

- American Swimming Pool and Spa Association, Licensed Aquatic Facility Technician (LAFT)
- National Spa & Pool Institute, Professional Pool & Spa Operator (PPSO)
- Aquatic Safety Research Group, Practical Pool Management Plus (PPM+)
- National Recreation and Park Association, Aquatic Facility Operator (AFO)

- Aquatic Safety Research Group, eight (8) hour Practical Pool Management (PPM)
 - for recertification only – proof of previous 16 hour classroom training is required
- Aquatic Training Institute, *on-line* Certified Pool Technician (CPT)
 - for recertification only – proof of previous 16 hour classroom training is required

Pursuant to 105 CMR 435.23(1) all lifeguards shall hold the following certifications:

- (a) a current Red Cross Lifeguard Training Certificate, or Royal Bronze Medallion, or Boy Scouts of America Lifeguard Certificate or National Y.M.C.A. Lifeguard Certificate or an equivalent certification, provided however, that no such alternative certification shall be deemed equivalent unless it shall contain all of the minimum requirements mandated or required by one or more of the foregoing certification programs; and
- (b) a current American Red Cross CPR Certificate for the Professional Rescuer or American Heart Association CPR Certificate for the Health Care Provider, or National Safety Council CPR Training; and
- (c) a Red Cross Standard First Aid Certificate, or a Red Cross Community First Aid and Safety Certificate (which certification may be evidenced by a notation on the back of any Red Cross Lifeguard Training Certificate), or National Safety Council First Aid Training, Level 2, or an equivalent certification, provided however, that no such alternative certification shall be deemed equivalent unless it shall contain all of the minimum requirements of one of the foregoing certification programs.

The Department does not have statutory authority to approve equivalent lifeguard training, cardiopulmonary resuscitation (CPR), or first aid training pursuant to 105 CMR 435.23(1). However, it is highly recommended that any equivalent CPR training be approved by the Massachusetts Office of Emergency Medical Services (OEMS) for Emergency Medical Technician (EMT) CPR training.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information **Please Print Legibly**

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/ or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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*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: _____ 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: _____ Phone #: _____