



TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS

*Medway Town Hall
155 Village Street
Medway, MA 02053
Phone (508) 533-3206*

BOARD OF HEALTH

Public and Semi-Public Pool Plan Review Application

Date: _____

1 Type of Application:

☐ New Construction ☐ Remodel of Existing Swimming, Wading or Special Purpose Pool

2. Pool Type:

Check all that apply: ☐ Public ☐ Semi- Public ☐ Indoor ☐ Outdoor

Check one: ☐ Swimming ☐ Wading ☐ Special Purpose (specify): _____

3. Pool Location:

Name of Pool Facility: _____

Address of Pool: _____ Medway, MA 02053

Mailing Address: _____

Phone Number: _____ Email: _____

4. Owner Information:

Name of Owner: _____

Mailing Address: _____

Phone Number: _____ Email: _____

6. Pool Information:

Length of Pool: _____ Width of Pool: _____ Depth of Pool: _____

Volume in Gallons: _____ Source of Water: _____ Pool Water Disposal: _____

Swimmer Area (Sq Ft.): _____ Non-Swimmer Area (Sq. Ft.): _____ Bather Capacity: _____

Type of Filter: _____ Number of Filters: _____ Size of Filter (Sq Ft): _____

Max Flow Rate: _____ Min Flow Rate: _____

Disinfection (chlorine, bromine, UV): _____ Feed Rate Capacity: _____

Pool Wall Finish: _____ Pool Floor Finish: _____

If application is for a remodel of existing pool, please explain full scope of remodel: _____

The undersigned attest to the accuracy of the information provided above and agrees to construct the aforementioned pool in accordance with the provisions set forth in 105 CMR 435.00: MINIMUM STANDARDS FOR SWIMMING POOLS and any additional requirements from the Medway Board of Health.

Applicant Signature: _____ Print Name: _____

Applications will not be accepted unless ALL of the following documents are enclosed with the application:

- Completed Public and Semi-Public Pool Plan Review Application
- Application Fee- \$200- Make check payable to "Town of Medway"
- Plans from a Massachusetts Registered Professional Engineer or Registered Architect
- Specification sheets for all pool components (such as filters, brominators, chlorinators, and UV systems, etc.)

For Official Use Only

☐ **Approved as submitted**

☐ **Approved as submitted with the following conditions:** _____

☐ **Disapproved as submitted- Reason(s):** _____

Date reviewed: _____ **Reviewed by:** _____