



**TOWN OF TRURO
BOARD OF HEALTH
APPLICATION FOR POOL/HOT TUB PERMIT**

Fees due upon approval: \$

Renewal New

Business Name _____ Phone _____

Address (location of pool/tub) _____

Capacity of Pool:(gallons) _____

Owners Name _____ Phone _____

Pool/Spa Manager _____ Phone _____

Pool Operator _____ Phone _____

Swimming Pool

- Indoor
- Outdoor
- Semi-Public
- Public

Hot Tub

- Indoor
- Outdoor
- Semi-Public
- Public

PLEASE INCLUDE WITH YOUR APPLICATION:

- ✓ Lab results for bacteriological analysis (Standard Agar Plate Count, Pseudomonas aeruginosa and Total Coliform).
- ✓ Copy of your most recent CPO certification (pool operators only)

WATER BACTERIAL TESTS MUST BE CONDUCTED PRIOR TO THE OPERATING SEASON FOR ALL POOLS, SPAS, AND HOT TUBS

I fully understand that the annual pool/hot tub permit is contingent upon my adherence to 105 CMR 435.000, The Minimum Standards for Swimming Pools (State Sanitary Code: Chapter V) and all applicable State laws and local regulations. Failure to comply may result in the suspension or revocation of my annual license and any other legal action deemed appropriate by the Town of Truro

Signature of Applicant

Date