

CITY OF MARLBOROUGH

BOARD OF HEALTH

140 Main Street, Lower Level Marlborough, Massachusetts 01752 Facsimile (508) 460-3625 TDD (508) 460-3610 James Griffin, Chairman John Curran, MD, Vice Chairman Robin Williams, Member Tel (508) 460-3751

SWIMMING/SPECIAL POOL PLAN REVIEW (105 CMR 435.000)

The following pages may be filled out online and then printed and signed.

Name of Facility:		·
Address:		·
Pool is: New () Remodeled ()		
Owner:		
Construction Start Date:		
Pool Opening Date:		
Plans submitted under stamp and signature of Mass. Reg. Professional Engineer Yes ()		No ()
Type of Poo`: Public	()	Semi-Public ()
Width of Pool (ft) x Length of Pool (ft)	= Are	ea of Pool(sq.ft.)
Area of Pool (sq.ft.) x Avg. Depth of Pool	(f	f(t) = Vol. of Pool (cu.ft.)
Vol. of Pool (cu.ft.) x 7.48 = Vol. of Pool	(gal.)
Source of Water		
435.06 Turnover Rate (GPM) Design Turnover Rate		
A. Swimming Pools - Once every eight (8) hours	()	
B. Wading Pools - Once every four (4) hours	()	
C. Special Purpose Pools - Once every half (1/2) hour	()	

435.06 Type of Filtration System			-	
Square Footage of Filter Surface Area				
A. Pressure or gravity sand - 3 gal. per min. per s	q. ft.	()	
B. High Rate Sand - 15 gal. per min. per sq. ft.		()	
C. Diatomaceous Earth – 1.5 gal. per min. per sq.	ft.	()	
D. Cartridge – 0.375 gal. per min. per sq. ft.		()	
Automatic chlorinators provided and shall have a pounds of chlorine per 10,000 gallons per 24 hour one (1) pound of chlorine per 15,000 gallons per 2	rs for ou	tdoo	r pools	and at least
Yes () No ()			
The equipment of the recirculation and purification	on syster	n sha	all incl	ude:
A. A filtration system	Yes ()	No ()
B. Recirculation pumps	Yes ()	No ()
C. Hair and lint strainers	Yes ()	No ()
D. Provision for chemical feed	Yes ()	No ()
E. Provision for bactericidal treatment	Yes ()	No ()
F. Filter effluent flowmeter or meters	Yes ()	No ()
G. Balancing or float-control tank or	\	/	\	/
above-rim fill spout	Yes ()	No ()
H. Test kit (s) will be available to meet the				
requirements of 105 CMR 435.29 and				
must be capable of distinguishing free				
residual chlorine and combined chlorine	Yes ()	No ()
I. All other equipment necessary to make				
the particular treatment process complete				
and efficiently operable	Yes ()	No ()

s	q.ft
s	q.ft
ırd): = Aı	rea: sq.ft
ulation:	
Yes (No(
Yes (
Yes (No(
Yes () No ()
Yes (
	
Yes () No ()
•	, ,
Size	Velocity
	yes (

435.10 Type of Skimming facilities:				
Skimmers or overflow system capable of recirculating				
50% of the pool water from the top surface of the pool?	Yes ()	No ()
In wall skimmer(s) provided for each 500 sq. ft. of pool				
surface area.	Yes ()	No ()
In wall skimmer(s) provided for each 100 sq. ft. of special				
purpose pool surface area.	Yes ()	No ()
In wall skimmer capable of 20 gallons per minute per				
lineal foot of weir and a flow through rate of at least				
30 gallons per minute.	Yes ()	No ()
405.00				
435.03 Hose connections provided for flushing down				
Hose connections provided for flushing down	Vac /	١	No. /	١
bathhouses, dressing rooms and pool decks.	Yes ()	No (
Adequate storage space provided for janitorial and pool	V /	\	NI - /	\
equipment.	Yes ()	No ()
Adequate lighting provided in all parts of bathhouse,	V /	\	NI - /	\
dressing rooms, toilets and pool room(s).	Yes ()	No (
Adequate ventilation provided for room(s) housing indoor				
swimming pools, bathhouses, dressing rooms, shower	3 7 /	\	NT. /	\
rooms, and toilet.	Yes ()	No ()
Acoustical properties of rooms housing indoor swimming				
pools designed with materials to reduce reverberation	V /	\	NT. /	\
of sound.	res ()	No (
Adequate enclosure provided to prevent animals and				
unauthorized persons from entering pool area (a six (6)	V /	\	NT. /	,
foot high fence in accordance with MGL C.140 & 206).	Yes (\	
Sanitary drinking water facilities provided.	Yes ()	No ()
435.05 No projections except ladders and grab rails				
permitted from any pool wall or floor surface.	Yes ()	No ()
The finish of pool walls and floors shall be of light color.	Yes ()	No ()

435.11			
Pool slopes shall not exceed one (1) foot vertical			
in 12 feet horizontal.	Yes ()	No ()
Maximum water depth of special purpose pools shall be			
our (4) feet measured from the waterline.	Yes ()	No ()
Maximum depth of any seat or bench in a special purpose			
pool shall be two (2) feet.	Yes ()	No ()
The walls of pools used for competitive swimming shall			
remain vertical for a minimum water depth of 3 feet six			
(6) inches.	Yes ()	No ()
The maximum radius of coving shall be twelve (12) inches			
at depths from three (3) feet to four (4) feet six (6) inches	Yes ()	No ()
At depths greater than four feet six inches, the radius of			
coving joining the wall and floor at any point shall be			
equal to not more than the depth of the pool at that			
point minus two feet six inches.	Yes ()	No ()
435.12			
Water depth markings required on the pool deck			
and on the vertical pool walls at one-foot depth intervals			
in the shallow portion of the pool and then at appropriate			
places of Not more than 25 foot intervals around the deep			
portion of the pool.	Yes ()	No ()
A polyethylene line with floats shall separate the Non-			
swimming area from deeper water.	Yes()	No (
4" stripe of contrasting color on walls and floor to			
separate shallow and deep areas.	Yes ())
4" stripe of contrasting color on ledges and step edges.	Yes ()	No ()
435.13			
Walkways shall be constructed of slip resistant			
materials continuous around the pool with a minimum			
width of four (4) feet sloped ¼ inch per foot toward			
adequate drains.	Yes ()	No.)
adequate di anis.	169 ()	110)

435.14

There shall be a minimum of two (2) ladders or step holes and one additional ladder or step holes for each 75 feet of swimming pool perimeter with handrails to enter or exit the pool.

Yes () No ()

435.15

100.10				
Diving boards shall be rigidly constructed,				
properly anchored and covered with a Non-slip material.	Yes ()	No ()
No diving board or platform more than ten feet above the				
pool water level shall be permitted for general public use				
in any public swimming pool.	Yes ()	No ()
At least thirteen feet of free and unobstructed headroom,				
eight feet behind and to each side, and sixteen feet ahead				
of the front of the diving board shall be provided.	Yes ()	No ()
One meter diving boards or platforms shall have at least				
30 inch guardrails that extend to the edge of the pool wall.	Yes ()	No ()
Diving boards or platforms higher than one meter shall				
have 36 inch guardrails that extend to the edge of the pool.	Yes ()	No ()
The minimum water depth for deck type diving boards				
shall be 8 feet 6 inches.	Yes ()	No ()
Verify diving bowl specifications in Appendix B, diagram II.	Yes ()	No ()
The minimum water depth for one (1) meter boards				
shall be nine (9) feet.	Yes ()	No ()
Verify diving bowl specifications in appendix B, diagram I.	Yes ()	No (
The minimum water depth for three (3) meter boards				
shall be 11 feet 6 inches.	Yes ()	No ()
Verify diving bowl specifications in appendix B, diagram I.	Yes ()	No (
435.26				
Pool waste and backwash water properly disposed of	Yes ()	No ()
435.33				
A thermostatic control for water temperature shall be				
provided for special purpose pools and only accessible				
to the pool operator.	Yes ()	No ()

PUBLIC SWIMMING POOL REQUIREMENTS 435.03

Separate dressing and sanitary facilities for each sex provided.	Yes ()	No ()
Bathers shall be so routed that the crossing of street shoes				
and wet barefoot traffic is kept to a minimum.	Yes ()	No ()
Showers provided with hot and cold running water (one (1)				
for each 40 bathers).	Yes ()	No ()
Toilets provided for each sex (one (1) for each 40 bathers;				
for males urinals may be substituted for one third (1/3)				
of the required number).	Yes ()	No ()
Washbasins provided adjacent to toilets (one (1) for each	Ì			
60 bathers).	Yes ()	No ()
Designated room provided and equipped for emergency		/		
care of sick or injured bathers (cot, blanket, and first aid kit).	Yes ()	No ()
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STATEMENT: I certify that the above information is correct	and und	der	stand	
that if any changes are made in the above information without				
the Board of Health may nullify this approval.	Permiss	101	0111	
one Boar a of Frontier may making only approval.				
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Applicant's Home Address:				
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Applicant's Phone Number: Date:				
Applicant's I note Number Bate				
Final Approval Ry.				
Final Approval By:				
Title:				
Title:				
Date:				