



Town of Mendon

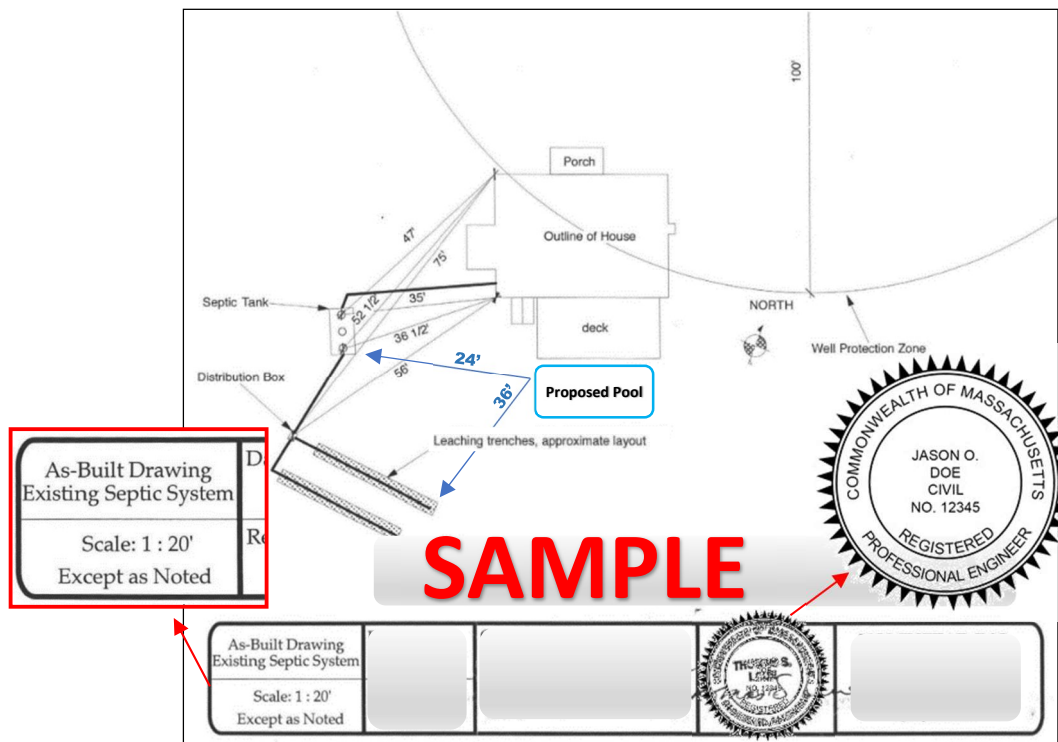
Board of Health

18 Main Street | Mendon, MA 01756

PH: (508) 634-2656 | Email: BOH@MendonMA.Gov

IN-GROUND POOL PERMIT APPLICATION REQUIREMENTS

1. As-Built plan showing placement of pool in relation to the House, Well, Septic System, and Soil Absorption System (SAS) stamped by a State Registered Engineer.



2. Pool must be placed at a minimum of **10 feet** away from **Septic Tank**.
3. Pool must be placed at a minimum of **20 feet** away from **Soil Absorption System (SAS)**.
4. Complete Page 2 of the Application and submit along with the \$100 Application Fee. ***Please make check payable to the Town of Mendon.***

**Town of Mendon****Board of Health**

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FEE: \$100.00**IN-GROUND POOL PERMIT APPLICATION**

PERMIT #: _____

MENDON, MA 01756

Location Street Address of Pool _____

Property Owner _____

Property Owner's Phone #: _____

Name of Pool Contractor _____

Contractor's Phone #: _____

GENERAL INFORMATION

TYPE OF POOL _____ LENGTH _____ WIDTH _____ VOLUME _____

SET BACK FROM: WELL - _____ FEET SEPTIC TANK - _____ FEET SAS - _____ FEET

SWIMMING AREA SIZE - _____ SQ. FEET SOURCE OF WATER - _____

TRIM & FINISH - _____ POOL WALLS & BOTTOM _____

MECHANICAL INFORMATION: _____

FILTER(S): _____ KIND: _____

TURN OVER RATE: _____ HOURS CONSERVATION COMMISSION REVIEW REQUIRED? ☐ YES ☐ NO

REMARKS:

Application Checklist:☐ Completed Application ☐ As-Built Plans showing placement of the Pool ☐ Permit Application Fee of \$100**BOARD OF HEALTH OFFICE USE ONLY**Application Approved: ☐ YES ☐ NO __________
Signature of Board of Health Member_____
Date