



Town of Dennis
Health Department

Kristen Keller,
Health Director

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AFFIDAVIT OF COMPLIANCE

OWNERS/OPERATORS OF SWIMMING POOLS/SPECIAL PURPOSE POOLS

As an operator of a swimming pool and/or a special purpose pool located in the Town of Dennis, I agree to abide by the requirements set forth in The State Sanitary Code, Chapter VI, 105 CMR 435.000: Minimum Standards for Swimming Pools and the Town of Dennis Swimming Pool Regulations.

I further agree to submit monthly water samples for bacteriological analysis prior to opening the pool and once every thirty (30) days, thereafter, while the pool remains in use. I understand that failure to submit a monthly water quality report to the Health Department is punishable by non-criminal citation, as provided by MGL C.40, s. 21D and/or a compliance-based surcharge to be assessed at the time of renewal the following year, in accordance with the Town of Dennis Swimming Pool Regulations:

Signature: _____ Date: _____

Printed Name: _____ Title: _____

(Owner, Manager, Trustee, Agent, etc.)

Please Complete:

Name of Establishment:	Street Address:
Contact Person:	Day Phone #:
Planned Opening Date:	Planned Closing Date:
Name of Certified Pool Operator:	Date CPO Class Completed: