

NUMBER: 14/12

FEE: \$360

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON - BOARD OF HEALTH

APPROVED

Hereby Certifies **WHEELER RECREATION AREA, INC.**
of **PO BOX 2429, ACTON, MA 01720**

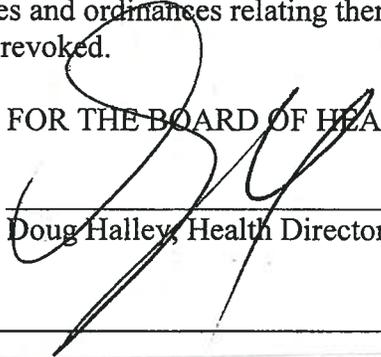
MAY 22 2012

IS HEREBY GRANTED A LICENSE **ACTON BOARD
OF HEALTH**

For **SWIMMING POOL PERMIT-2012**

This license is granted in conformity with the statutes and ordinances relating thereto
and expires **12/31/2012** unless sooner suspended or revoked.

FOR THE BOARD OF HEALTH



Doug Halley, Health Director

ISSUED: 5/22/2012

014/12

True Bryan

Cell:

(203) 610-5814 pd.

PAID
#3601

Town of Acton
Application
Permit to Operate Public/Semi-Public Swimming Pool

Swimming Pool \$275(seasonal)
Swimming Pool \$395(year round)
Wading Pool \$85
Wading Pool Re-testing \$50

Owner Name: Wheeler Recreation Area, Inc
Address: P.O. Box 2429, Acton - MA 01720
Phone Number: 978-263-3209 (on site, not answered)
Certified Pool Operator name: Bender
 Copy of Pool Operator's Certification submitted
Contact Person: Joseph Bryan
Address: 91 Concord Rd, Acton - MA 01720
Phone Number: (978) 496-0127
E-Mail: jj1dbryan@aol.com
Anticipated Date of Pool to Open: Saturday, May 26, 2012
Anticipated Date of Pool to Close: Monday, September 3, 2012
Tentative Operating Schedule

	AM	PM
Sunday	10 AM	9 pm
Monday	8 AM	
Tuesday		
Wednesday		
Thursday		
Friday	8 AM	
Saturday	9 AM	9 pm

Lifeguard Certifications Submitted
 Key to Facility Supplied to Health Department No lock box #2429



Certified Pool / Spa Operator®

Achievement for

Tom C. Bender

as an Operator of Aquatic Facilities

CPO® Registration No. 01-279989, is hereby Certified and Registered
by the

NATIONAL SWIMMING POOL FOUNDATION

On

6/9/10

DATE CERTIFIED



Robert Freligh
INSTRUCTOR

Thomas M. Lachocki
C.E.O.

American
Red Cross



This recognizes that
Stephanie Randolph
has completed the requirements for
Lifeguarding/First Aid
conducted by
Camp Thoreau, Inc.
Date completed: **08/19/2011**
The American Red Cross recognizes
this certificate is valid from
completion date for: **3 Years**

American
Red Cross



This recognizes that
Stephanie Randolph
has completed the requirements for
CPR-AED for Lifeguards
conducted by
Camp Thoreau, Inc.
Date completed: **08/19/2011**
The American Red Cross recognizes
this certificate is valid from
completion date for: **2 Years**

HEALTHCARE PROVIDER

Training Center Name **T.M.T. Ma.00670** TC ID #

TC Info **Burl.Ma.01803 781-272-5369**

Course Location **WHEELER REC.**

Instructor Name **WILLIAM DEVEREAUX** Inst. **T.G.00670**

Holder's Signature **T.J. Gillispie**





This recognizes that
Liz Shaughnessy
has completed the requirements for
Water Safety Instructor
conducted by
Camp Thoreau, Inc.
Date completed: **12/04/2011**
The American Red Cross recognizes
this certificate is valid from
completion date for: **2 Years**

**American
Red Cross**



This recognizes that
Liz Shaughnessy
has completed the requirements for
Fundamentals of Instructor Training
conducted by

Camp Thoreau, Inc.

Date completed: **12/04/2011**

The American Red Cross recognizes
this certificate is valid from
completion date for: **1 Year**

Healthcare
Provider



American
Heart
Association

LIZ SHAUGHNESSEY

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

05/25/11

05/13

Issue Date

Recommended Renewal Date

American
Red Cross



This recognizes that
Michael Altieri
has completed the requirements for
Lifeguarding/First Aid
conducted by
Camp Thoreau, Inc.
Date completed: **06/03/2011**
The American Red Cross recognizes
this certificate is valid from
completion date for: **3 Years**

American
Red Cross



This recognizes that
Michael Altieri
has completed the requirements for
CPR-AED for Lifeguards
conducted by
Camp Thoreau, Inc.
Date completed: **06/03/2011**
The American Red Cross recognizes
this certificate is valid from
completion date for: **2 Years**

American Red Cross



This recognizes

Walter Malchodi

has completed the requirements for Lifeguarding/First Aid

conducted by

Camp Thoreau, Inc.

Date Completed

4/25/2010

The American Red Cross recognizes this certificate as valid for 3 year(s) from completion date.

HEALTHCARE PROVIDER

Healthcare Provider



American Heart Association

WALTER MALCHODI

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

05/25/11

05/13

Issue Date

Recommended Renewal Date

www.RedCross.org

Instructor's Signature

Betsy Usterwood

Chapter American Red Cross of Mass Bay

Holder's Signature

Stock No. 65399B (Rev. 5/08)

HEALTHCARE PROVIDER

Training

Center Name

T.M.T. Ma.00670

TC ID #

TC

Info

Burl.Ma.01803 781-272-5369

Course

Location

WHEELER REC.

Instructor Name

William Doreaux Ma. T.C.00670

Holder's Signature

Walter Malchodi

© 2011 American Heart Association

Tampering with this card will alter its significance. 00-1031



American Red Cross

This recognizes that
Kevin Loria
has completed the requirements for
Lifeguarding/First Aid
conducted by
Acton Boxboro Community Education
Date completed: **10/09/2011**
The American Red Cross recognizes
this certificate is valid from
completion date for: **3 Years**

redcross.org

Instructor's Signature

Kerney Modell

Chapter

ARC of Mass Bay

Holder's Signature

5/02/11

Stock No. 656798



American Red Cross

This recognizes that
Eliana Richmond
has completed the requirements for
Fundamentals of Instructor Training
conducted by
Camp Thoreau, Inc.
Date completed: **02/21/2012**
The American Red Cross recognizes
this certificate is valid from
completion date for: **1 Year**



American Red Cross

This recognizes that
Eliana Richmond
has completed the requirements for
Water Safety Instructor
conducted by
Camp Thoreau, Inc.
Date completed: **02/21/2012**
The American Red Cross recognizes
this certificate is valid from
completion date for: **2 Years**



American Red Cross

This recognizes that
Eliana Richmond
has completed the requirements for
Lifeguarding/First Aid/CPR/AED
conducted by
Camp Thoreau, Inc.
Date completed: **03/11/2012**
The American Red Cross recognizes
this certificate is valid from
completion date for: **2 Years**



American Red Cross

This recognizes that
Ryan McCabe
has completed the requirements for
Standard First Aid
conducted by
Camp Thoreau, Inc.
Date completed: **12/11/2010**
The American Red Cross recognizes
this certificate is valid from
completion date for: **3 Years**



American Red Cross

This recognizes that
Ryan McCabe
has completed the requirements for
Lifeguarding
conducted by
Camp Thoreau, Inc.
Date completed: **12/11/2010**
The American Red Cross recognizes
this certificate is valid from
completion date for: **3 Years**

American Red Cross



This recognizes that
Ryan McCabe
has completed the requirements for
CPR/AED for Lifeguards
conducted by
Camp Thoreau, Inc.
Date completed: **12/11/2010**
The American Red Cross recognizes
this certificate is valid from
completion date for: **1 Year**

- needs to

recertify, I will do

so 5/21-5/24

**American
Red Cross**



This recognizes that
Katherine Curran
has completed the requirements for
CPR-AED for Lifeguards
conducted by
Camp Thoreau, Inc.
Date completed: **02/22/2011**
The American Red Cross recognizes
this certificate is valid from
completion date for: **2 Years**

redcross.org

Instructor's Signature

Maureen Hanley

Chapter
**American Red Cross
of Mass Bay**

Holder's Signature

Stock No. 656798

**American
Red Cross**



This recognizes that
Katherine Curran
has completed the requirements for
Lifeguarding/First Aid
conducted by
Camp Thoreau, Inc.
Date completed: **02/22/2011**
The American Red Cross recognizes
this certificate is valid from
completion date for: **3 Years**

redcross.org

Instructor's Signature

Maureen Hanley

Chapter
**American Red Cross
of Mass Bay**

Holder's Signature

Stock No. 656798

American
Red Cross



is recognizes that
Sonia Richmond
has completed the requirements for
Lifeguarding/First Aid

conducted by
Camp Thoreau, Inc.

Date Completed 4/20/2010

The American Red Cross recognizes this certificate
as valid for 3 year(s) from completion date.

HEALTHCARE PROVIDER

Healthcare
Provider



SONIA RICHMOND

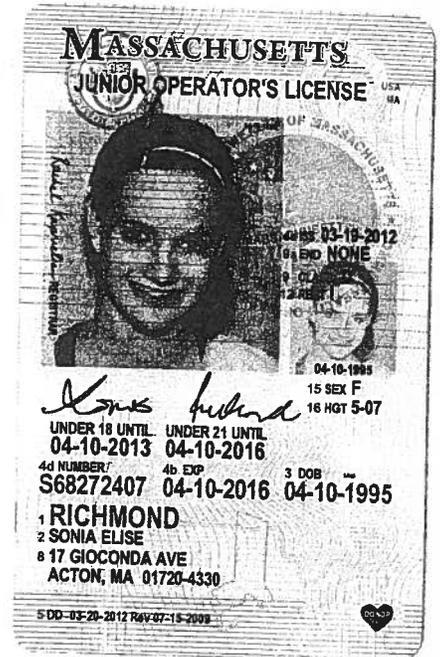
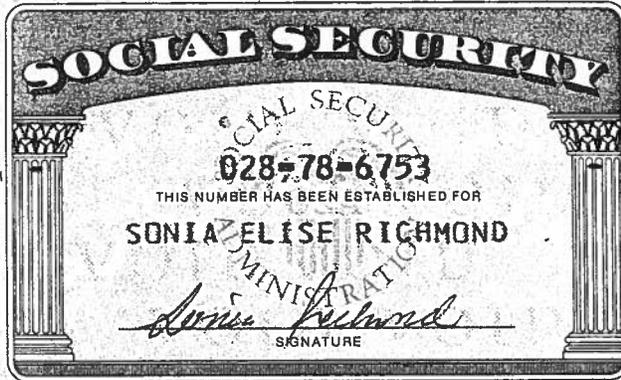
This card certifies that the above individual has successfully
completed the cognitive and skills evaluations in accordance with
the curriculum of the American Heart Association BLS for Healthcare
Providers (CPR and AED) Program.

05/25/11

05/13

Issue Date

Recommended Renewal Date



www.RedCross.org

Instructor's Signature

James Simmons

Chapter
**American Red Cross
of Mass Bay**

Holder's Signature

Stock No. 653998 (Rev. 5/08)

HEALTHCARE PROVIDER

Training
Center Name

T.M.T. Ma.00670

TC ID #

TC
Info

Burl.Ma.01803 781-272-5369

Course
Location

WHEELER REC.

Instructor
Name

William Devereaux Ma. T.C 00670

Inst. ID #

Holder's
Signature

William Devereaux

© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1801

928-
929-
970 6632

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON

STATE SANITARY CODE: CHAPTER V, MINIMUM STANDARDS FOR SWIMMING POOLS
105 CMR 435.000

D.H. 7/27/2011

SWIMMING POOL INSPECTION REPORT

TYPE OF SWIMMING POOL: PUBLIC SEMI-PUBLIC SPECIAL PURPOSE

NAME OF POOL: Wholen Ree ADDRESS

OWNER: ADDRESS

DATE OF INSPECTION: 7-27-11 POOL CAPACITY # OF GALS. INSPECTED BY: S. Ball

METHOD OF WATER TREATMENT: cl BATHER LOAD: 11 # OF LIFEGUARDS: 3 WATER SOURCE:

Water Sample Taken for bacteriological testing? Yes No

POOLSIDE READINGS

	SWIMMING WADING			SWIMMING	WADING
Bromine			Calcium Hardness		
Alkalinity	<u>140</u>	<u>120</u>	Total Chlorine	<u>1</u>	<u>0.5</u>
Cyanuric Acid			Free Chlorine		
Water Temp			Comb. Chlorine		
pH Level	<u>7.2</u>	<u>7.5</u>	Other		

Observed violations:

↑ cl in wading pool

NOTE: SUMMARY OF REGULATION 105 CMR 435.000 ON REVERSE SIDE

[Signature]
Received By

[Signature]
Inspector

NUMBER: 02/11

FEE: \$PAID

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON - BOARD OF HEALTH

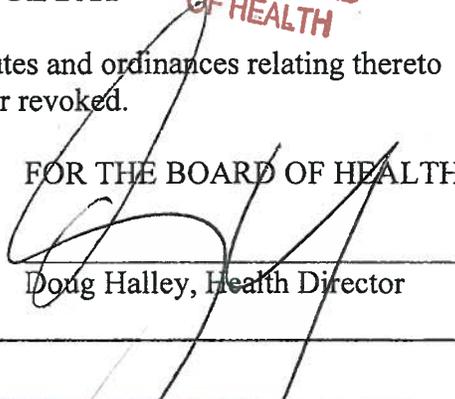
Hereby Certifies that **WHEELER REC. AREA INC.**
of **38 ALCOTT ST, ACTON, MA 01720**

IS HEREBY GRANTED A LICENSE

For **PERMIT TO OPERATE SWIMMING POOL 2011**

This license is granted in conformity with the statutes and ordinances relating thereto
and expires **12/31/2011** unless sooner suspended or revoked.

FOR THE BOARD OF HEALTH


Doug Halley, Health Director

ISSUED: 5/13/2011

APPROVED

MAY 13 2011

ACTON BOARD
OF HEALTH

pd 360 02/11

paid waiting for certs

Town of Acton Application Permit to Operate Public/Semi-Public Swimming Pool

Swimming Pool	\$275(seasonal)
Swimming Pool	\$395(year round)
Wading Pool	\$85
Wading Pool Re-testing	\$50

Owner Name: WHEELER RECREATION AREA INC.
 Address: 38 ANCON ST, ACTON (PO BOX 2424)
 Phone Number: 978-265-3209
 Certified Pool Operator name: AQUAMAN
 Copy of Pool Operator's Certification submitted
 Contact Person: Tom Coill is pre
 Address: 14 Thoreau Rd, Acton
 Phone Number: 978-265-2690
 Anticipated Date of Pool to Open: 8/28/11
 Anticipated Date of Pool to Close: 9/4/11

Tentative Operating Schedule

	AM	PM
Sunday	10 AM to	9 PM
Monday	↓	↓
Tuesday	↓	↓
Wednesday	↓	↓
Thursday	↓	↓
Friday	↓	↓
Saturday	↓	↓

- Lifeguard Certifications Submitted Coming
 Key to Facility Supplied to Health Department

- Please contact the Acton Board of Health at 978-264-9634 to schedule an opening inspection of the swimming pool(s). Allow enough time for a possible re-inspection prior to opening.

Wheeler Rec



Certified Pool / Spa Operator®

Achievement for

Kristin Crosswhite

as an Operator of Aquatic Facilities

CPO® Registration No. 01-265285, is hereby Certified and Registered
by the

NATIONAL SWIMMING POOL FOUNDATION

On
12/2/09

DATE CERTIFIED



Robert Freligh
INSTRUCTOR

Thomas M. Lachocki
C.E.O.

NUMBER: 13/10

FEE: 360

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON - BOARD OF HEALTH

Hereby Certifies that WHEELER RECREATION
of ALCOTT ST ACTON, MA 01720

APPROVED

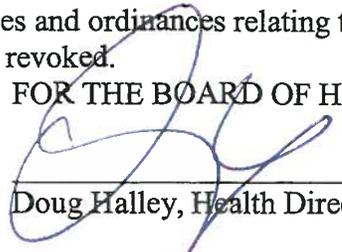
MAY 27 2010

IS HEREBY GRANTED A LICENSE **ACTON BOARD
OF HEALTH**

For **PERMIT TO OPERATE SEASONAL POOLS - 2010**

This license is granted in conformity with the statutes and ordinances relating thereto
and expires **12/31/2010** unless sooner suspended or revoked.

FOR THE BOARD OF HEALTH



Doug Halley, Health Director

ISSUED: 5/27/2010

20

Town of Acton
Application
Permit to Operate Public/Semi-Public Swimming Pool

Swimming Pool	\$275(seasonal)
Swimming Pool	\$395(year round)
Wading Pool	\$85
Wading Pool Re-testing	\$50

Owner Name: Wheeler Recreation

Address: 38 Alcott St PO 2429

Phone Number: 978 201 1907

Certified Pool Operator name: Agua Man

Copy of Pool Operator's Certification submitted

Contact Person: Tom Gillispie

Address: 14 Thoreau Rd

Phone Number: 978 201 1907

Anticipated Date of Pool to Open: 5/31/2010

Anticipated Date of Pool to Close: 9/6/2010

Tentative Operating Schedule

	AM	PM
Sunday	10	9
Monday		12-9
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday	10	9

- Lifeguard Certifications Submitted
- Key to Facility Supplied to Health Department

• Please contact the Acton Board of Health at 978-264-9634 to schedule an opening inspection of the swimming pool(s). Allow enough time for a possible re-inspection prior to opening.

NUMBER: 02-09

FEE: \$275+85

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON - BOARD OF HEALTH

Hereby Certifies that WHEELER RECREATION AREA, INC.
of ALCOTT ST Acton, MA 01720

APPROVED

IS HEREBY GRANTED A LICENSE

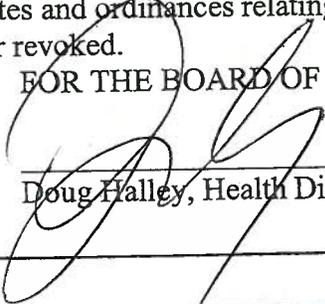
APR 27 2009

For 2009 PERMIT TO OPERATE PUBLIC/SEMI-PUBLIC SWIMMING
POOL - SEASONAL/WADING

ACTON BOARD
OF HEALTH

This license is granted in conformity with the statutes and ordinances relating thereto
and expires 12/31/2009 unless sooner suspended or revoked.

FOR THE BOARD OF HEALTH



Doug Halley, Health Director

ISSUED: 04/23/2009

02-09

Paid \$360

Town of Acton Application Permit to Operate Public/Semi-Public Swimming Pool

Swimming Pool	\$275 (seasonal)
Swimming Pool	\$395 (year round)
Wading Pool	\$85
Wading Pool Re-testing	\$50

RECEIVED

APR 16 2009

ACTON BOARD OF HEALTH

Owner Name: Wheeler Recreation Area Inc.
 Address: PO Box 2429, Acton, MA 01720
 Phone Number: 978-263-3209 (console, not changed)
617-291-4537 (Steve Morse, operator)
 Certified Pool Operator name: Aquaman
 Copy of Pool Operator's Certification submitted
 Contact Person: Stephen Morse
 Address: 113 Concord Rd., Acton MA
 Phone Number: 978-264-4007
 Anticipated Date of Pool to Open: 5/31/2009
 Anticipated Date of Pool to Close: 9/1/2009

Tentative Operating Schedule

	AM	PM
Sunday	10 AM	9 PM
Monday	8 AM	↓
Tuesday	↓	
Wednesday	↓	↓
Thursday	↓	
Friday	8 AM	↓
Saturday	9 AM	9 PM

- Lifeguard Certifications Submitted
- Key to Facility Supplied to Health Department

- Please contact the Acton Board of Health at 978-264-9634 to schedule an opening inspection of the swimming pool(s). Allow enough time for a possible re-inspection prior to opening.

NUMBER: 08-02/WADING

FEE: \$35

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON – BOARD OF HEALTH

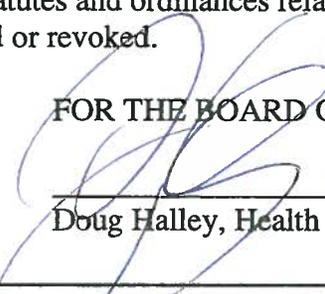
Hereby Certifies that **Wheeler Recreation Area, Inc.**
of **PO Box 2429, Acton, MA 01720**

IS HEREBY GRANTED A LICENSE

For **2008 WADING POOL PERMIT**

This license is granted in conformity with the statutes and ordinances relating thereto
and expires **12/31/2008** unless sooner suspended or revoked.

FOR THE BOARD OF HEALTH



Doug Halley, Health Director

ISSUED: 5/5/2008

APPROVED
MAY 06 2008
ACTON BOARD
OF HEALTH

NUMBER: 08-02/SP

FEE: \$230

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON – BOARD OF HEALTH

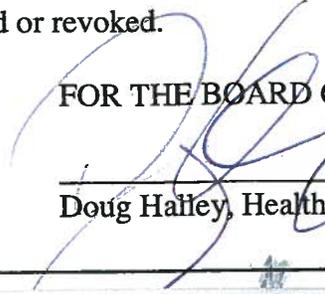
Hereby Certifies that **Wheeler Recreation Area, Inc.**
of **PO Box 2429, Acton, MA 01720**

IS HEREBY GRANTED A LICENSE

For **2008 SWIMMING POOL PERMIT**

This license is granted in conformity with the statutes and ordinances relating thereto
and expires **12/31/2008** unless sooner suspended or revoked.

FOR THE BOARD OF HEALTH



Doug Halley, Health Director

ISSUED: 5/5/2008

APPROVED
MAY 06 2008
ACTON BOARD
OF HEALTH

Town of Acton
Application
Permit to Operate Public/Semi-Public Swimming Pool

Swimming Pool	\$230(seasonal)
Swimming Pool	\$340(year round)
Wading Pool	\$35

Owner Name: Wheeler Recreation Area Inc.
 Address: P.O. Box 2429, Acton, MA 01720
 Phone Number: 978-263-3209 (on site, not answered)

Certified Pool
 Operator name: Aquaman
 Copy of Pool Operator's Certification submitted

Contact Person: Richard Ward
 Address: 50 Alcott St. Acton, MA 01720
 Phone Number: 978-263-6030

Anticipated Date of Pool to Open: Saturday, May 24, 2008.
 Anticipated Date of Pool to Close: Wednesday, September 3rd

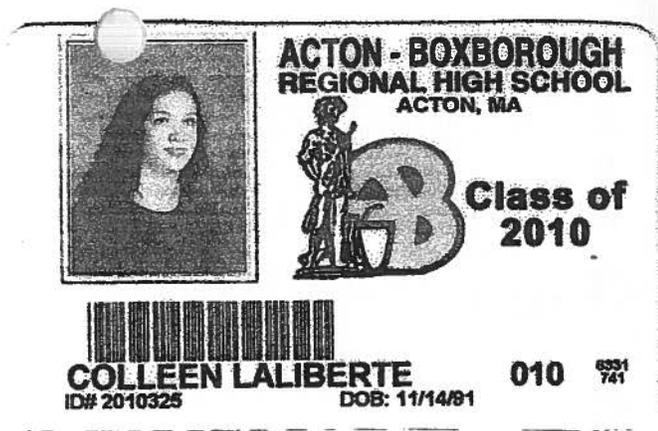
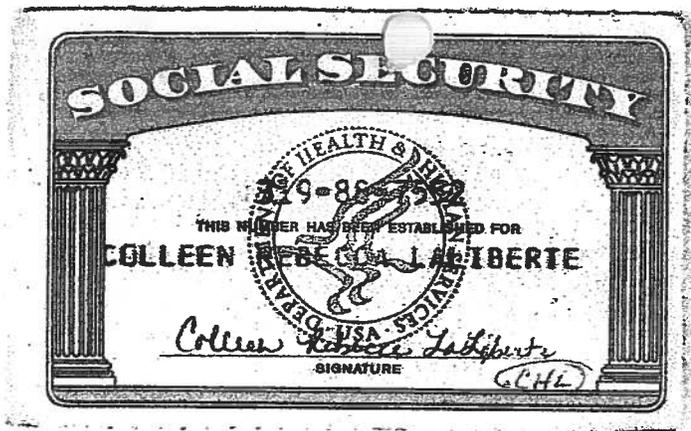
Tentative Operating Schedule

	AM	PM
Sunday	10 AM	9 PM
Monday	8 AM	
Tuesday	↓	↓
Wednesday		
Thursday	↓	↓
Friday	8 AM	↓
Saturday	9 AM	9 PM

- Lifeguard Certifications Submitted
- Key to Facility Supplied to Health Department

- Please contact the Acton Board of Health at 978-264-9634 to schedule an opening inspection of the swimming pool(s). Allow enough time for a possible re-inspection prior to opening.

08-02 SP
08-02 wad



American Red Cross
Together, we can save a life

This recognizes that
Colleen Laliberte
has completed the requirements for
CPR/AED for the Professional Rescuer

conducted by
Camp Thoreau, Inc.
Date completed **6/29/2007**
The American Red Cross recognizes this certificate
as valid for **1** year(s) from completion date.

American Red Cross
Together, we can save a life

This recognizes that
Colleen Laliberte
has completed the requirements for
Lifeguarding/First Aid

conducted by
Camp Thoreau, Inc.
Date completed **6/29/2007**
The American Red Cross recognizes this certificate
as valid for **2** year(s) from completion date.

[Signature]
Chairman, American Red Cross

[Signature]
Chapter

[Signature]
Chairman, American Red Cross

[Signature]
Chapter

American Red Cross



Together, we can save a life

This recognizes that
Doug Randolph
 has completed the requirements for
CPR/AED for the Professional Rescuer
 conducted by
Camp Thoreau, Inc.
 Date completed **1/23/2008**
 The American Red Cross recognizes this certificate
 as valid for **1** year(s) from completion date.

American Red Cross



Together, we can save a life

This recognizes that
DOUG RANDOLPH
 has completed the requirements for
Lifeguard Training and First Aid
 conducted by
Camp Thoreau Inc
 Date completed **2/20/2006**
 The American Red Cross recognizes this certificate
 as valid for **3** year(s) from completion date.

Dou Randolph
 Chairman, American Red Cross
 Instructor's Signature
Kelly Gosselin
 Chapter
**American Red Cross
 of Massachusetts Bay**
 Holder's Signature
Doug Randolph

Cert. 653998 (Rev. Oct. 2001)

Dou Randolph
 Chairman, American Red Cross
 Instructor's Signature
Kelly Gosselin
 Chapter
**American Red Cross
 of Mass Bay**
 Holder's Signature
Doug Randolph

Cert. 653998 (Rev. Oct. 2001)



American Red Cross

Together, we can save a life


 Chairman, American Red Cross
 Instructor's Signature


 Chapter

American Red Cross
 of Massachusetts Bay
 Holder's Signature

Daniel Dexter
 Cert. 653998 (Rev. Oct. 2001)

This recognizes that

Danielle Dexter
has completed the requirements for

Lifeguarding/First Aid

conducted by

Concord Recreation

Date completed

2/23/2007

The American Red Cross recognizes this certificate

AS VALID #NY 3-VF01C



Together, we can save a life

This recognizes that
BENJAMIM COHEN
 has completed the requirements for
**LIFEGUARD TRAINING AND
 FIRST AID**
 conducted by
CHELMSFORD REC. DEPT.
 Date completed **08/20/2005**
 The American Red Cross recognizes this certificate
 as valid for **3** year(s) from completion date.



Together, we can save a life

This recognizes that
Ben Cohen
 has completed the requirements for
CPR/AED for the Professional Rescuer
 conducted by
Camp Thoreau, Inc.
 Date completed **6/18/2007**
 The American Red Cross recognizes this certificate
 as valid for _____ year(s) from completion date.

FRONT



Together, we can save a life

This recognizes that

Ross Cole
has completed the requirements for
Lifeguarding/First Aid

conducted by

Camp Thoreau
Date completed **2/23/2007**
The American Red Cross recognizes this certificate
as valid for **1** year(s) from completion date.



Together, we can save a life

This recognizes that

Ross Cole
has completed the requirements for
CPR/AED for the Professional Rescuer

conducted by

Camp Thoreau, Inc.
Date completed **1/23/2008**
The American Red Cross recognizes this certificate
as valid for **1** year(s) from completion date.

SOCIAL SECURITY

DEPARTMENT OF HEALTH & HUMAN SERVICES

033-74-7045

THIS NUMBER HAS BEEN ESTABLISHED FOR

ROSS MICHAEL COLE

DEPARTMENT OF HEALTH & HUMAN SERVICES
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

Ross Michael Cole
SIGNATURE

AMERICAN
Red Cross



Together, we can save a life

This recognizes that

Jak Judd
has completed the requirements for
CPR/AED for the Professional Rescuer

conducted by

Camp Thoreau, Inc.

Date completed 1/23/2008

The American Red Cross recognizes this certificate
as valid for 1 year(s) from completion date.

American
Red Cross



Together, we can save a life

This recognizes that

Zac Judd
has completed the requirements for
Lifeguard Training and First Aid

conducted by

Camp Thoreau Inc

Date completed 2/20/2006

The American Red Cross recognizes this certificate
as valid for 3 year(s) from completion date.

[Handwritten Signature]

Chairman, American Red Cross

Instructor's Signature

Kelly Gosselin

Chapter

**American Red Cross
of Massachusetts Bay**

Holder's Signature

Cert. 653998 (Rev. Oct. 2001)

[Handwritten Signature]

Chairman, American Red Cross

Instructor's Signature

Kelly Gosselin

Chapter

**American Red Cross
of Mass Bay**

Holder's Signature

Cert. 653998 (Rev. Oct. 2001)

NUMBER: 07-12/SP

FEE: \$230

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON – BOARD OF HEALTH

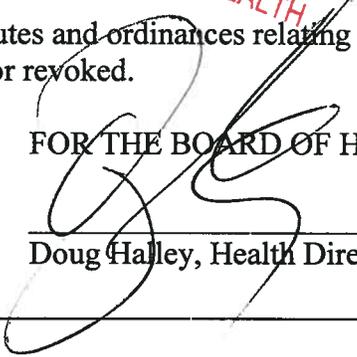
Hereby Certifies that **Wheeler Recreation**
of **PO Box 2429, Acton, MA 01720**

IS HEREBY GRANTED A LICENSE

For **2007 SWIMMING POOL**

This license is granted in conformity with the statutes and ordinances relating thereto
and expires **12/31/2007** unless sooner suspended or revoked.

FOR THE BOARD OF HEALTH



Doug Halley, Health Director

ISSUED: 5/18/2007

APPROVED
MAY 18 2007
ACTON BOARD
OF HEALTH

NUMBER: 07-12/SP

FEE: \$230

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON – BOARD OF HEALTH

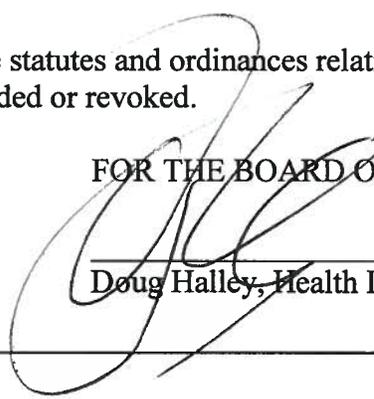
Hereby Certifies that **Wheeler Recreation**
of **PO Box 2429, Acton, MA 01720**

IS HEREBY GRANTED A LICENSE

For **2007 SWIMMING POOL**

This license is granted in conformity with the statutes and ordinances relating thereto
and expires **12/31/2007** unless sooner suspended or revoked.

FOR THE BOARD OF HEALTH



Doug Halley, Health Director

ISSUED: 5/18/2007

APPROVED
MAY 18 2007
ACTON BOARD
OF HEALTH

NUMBER: 07-06/WADING

FEE: \$35

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON – BOARD OF HEALTH

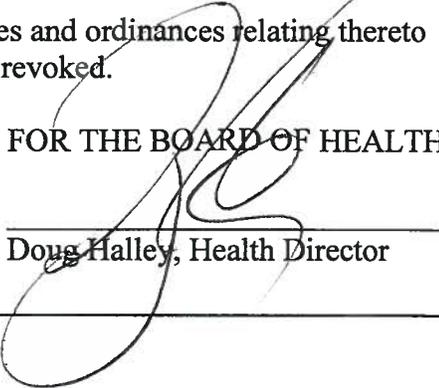
Hereby Certifies that **Wheeler Recreation**
of **PO Box 2429, Acton, MA 01720**

IS HEREBY GRANTED A LICENSE

For **2007 WADING POOL**

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FOR THE BOARD OF HEALTH



Doug Halley, Health Director

ISSUED: 5/18/2007

APPROVED
MAY 18 2007
ACTON BOARD
OF HEALTH

NUMBER: 07-06/WADING

FEE: \$35

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON – BOARD OF HEALTH

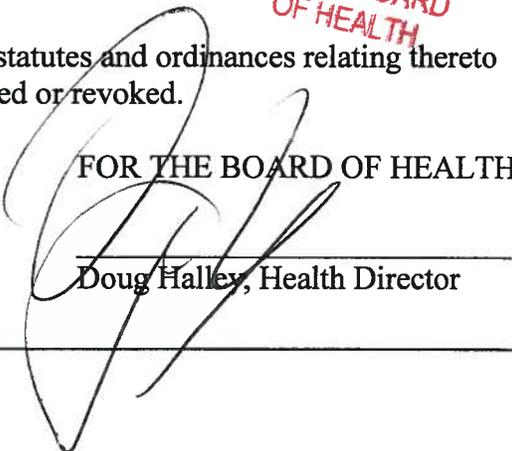
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of **PO Box 2429, Acton, MA 01720**

IS HEREBY GRANTED A LICENSE

For **2007 WADING POOL**

This license is granted in conformity with the statutes and ordinances relating thereto
and expires **12/31/2007** unless sooner suspended or revoked.

FOR THE BOARD OF HEALTH



Doug Halley, Health Director

ISSUED: 5/18/2007

APPROVED
MAY 18 2007
ACTON BOARD
OF HEALTH

265.02

**Town of Acton
Application
Permit to Operate Public/Semi-Public Swimming Pool**

Swimming Pool	\$230(seasonal)
Swimming Pool	\$340(year round)
Wading Pool	\$35

Owner Name: Wheeler Recreation
 Address: P.O. Box 2429, Acton, MA 01720
 Phone Number: _____

Certified Pool Operator name: Aquaman
 Copy of Pool Operator's Certification submitted ← not needed

Contact Person: Richard Ward
 Address: 50 Alcott St.
 Phone Number: 978-263-6030

Anticipated Date of Pool to Open: Saturday, May
 Anticipated Date of Pool to Close: September 5th?

Tentative Operating Schedule

	AM	PM
Sunday	10 AM	9 PM
Monday	8 AM	
Tuesday	↓	↓
Wednesday		
Thursday	↓	↓
Friday	8 AM	
Saturday	9 AM	9 PM

- Lifeguard Certifications Submitted
- Key to Facility Supplied to Health Department

• Please contact the Acton Board of Health at 978-264-9634 to schedule an opening inspection of the swimming pool(s). Allow enough time for a possible re-inspection prior to opening.

07-12/SP
07-06wad

StarGuard Lifeguard Course Completion Authorization



17280

To be completed by Student: (PLEASE PRINT, USE PEN, AND PRESS HARD)

Last Name Huang First Name Granite Middle Initial _____

Street Address 384 Old Beaverbrook

City Acton State MA Country U.S. Zip Code 01715

Home Phone (978) 264-0717 Work Phone () _____ Male Female

Date of Birth 04/28/1990 Email address granite428@hotmail.com

Training Center that conducted your training T.W.M. Lifeguarding Location where you took your training Acton High School

New Renewal Replacement/Supplement Module Course completion date 01/20/2007

List the location where you will be working (if known) Wheeler

Statement of Understanding: I understand the training requirements for the StarGuard course and/or any supplemental training module and have completed all course objectives. I understand that it is my responsibility to, 1) obtain site-specific training at the facility where I will work that includes orientation to emergency procedures and practice with equipment, 2) to maintain my rescue, CPR, and First Aid skill levels, 3) to exhibit professional behavior (StarGuard Best Practices) and maintain personal safety when in or around an aquatic environment. I understand that I may be photographed at any time when performing lifeguard duties and that my image may be used in training or promotional materials produced by the Starfish Aquatics Institute or Human Kinetics Publishers.

Student Signature _____ Date 1/20/07

Course Evaluation:

Please rate the following elements **5=excellent/strongly agree, 1=poor, strongly disagree.**
Additional comments are appreciated. Please use the back of the TOP copy.

	5	4	3	2	1
Student manuals were easy to use and understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training sessions were organized, with good pace and flow.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructor(s) exhibited a professional attitude.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructor(s) were knowledgeable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course was not too basic, not too complex.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course increased my confidence and ability to take action.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My overall score for this course:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was constant and dedicated surveillance provided during all water sessions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
What did you find to be most outstanding about this course?					
What would you suggest for improvement?					
Have you previously completed a lifeguard course?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Which course? <u>StarGuard</u>				

To be completed by Instructor:

I certify that: This individual has completed the course requirements and demonstrated reasonable competency via written and practical skill evaluation. I will maintain this student's records according to the Training Center agreement.

Signature of Lead Instructor _____ Instructor Number 158 Course Completion Date 1/20/07
 Co-Instructors: (Name and number) _____

StarGuard is a nationally recognized lifeguard program delivered by independent Training Centers authorized by the Starfish Aquatics Institute. Enhanced training specific to adjunct equipment or special environments is designated below. This card does not guarantee future performance nor imply any licensure. It is the responsibility of the employer to verify continuing competency and to provide site-specific orientation and in-service training. At the completion of the course, the student demonstrated competency in 10 ft of water. Verification of performance in deeper water is the responsibility of the employer, based on site-specific needs.

Enhanced Training/Supplement Modules:
 Designations must match original Authorization form at national office.

- Emergency Oxygen AED
 Waterpark Waterfront Wilderness

www.starfishaquatics.org
www.asbiinstitute.org

Starfish Aquatics Institute

Granite Huang
 (Name)



Authorization Number 17280
 Instructor Number _____

Valid thru 1/20/08
COURSE COMPLETION CARD



Together we can save a life

This recognizes that
Danielle Dexter
 has completed the requirements for
Lifeguarding/First Aid
 conducted by
Concord Recreation
 Date completed **2/23/2007**
 The American Red Cross recognizes this certificate
 as valid for _____ year(s) from completion date.



Together we can save a life

This recognizes that
Danielle Dexter
 has completed the requirements for
CPRAED for the Professional Rescuer
 conducted by
Concord Recreation
 Date completed **2/23/2007**
 The American Red Cross recognizes this certificate
 as valid for _____ year(s) from completion date.

[Signature]
Chairman, American Red Cross

Instructor's Signature

[Signature]
Chapter

American Red Cross
of Massachusetts Bay

Holder's Signature

[Signature]

Form 653993 (Rev. Oct 2001)

[Signature]
Chairman, American Red Cross

Instructor's Signature

[Signature]
Chapter

American Red Cross
of Massachusetts Bay

Holder's Signature

[Signature]

Form 653993 (Rev. Oct 2001)



**ACTON - BOXBOROUGH
REGIONAL HIGH SCHOOL**
ACTON, MA



**Class of
2009**



DOUGLAS RANDOLPH
ID# 2009421

DOB: 10/11/90

010

**1354
869**

**American
Red Cross**



Together, we can save a life

This recognizes that
DOUG RANDOLPH
has completed the requirements for
Lifeguard Training and First Aid

conducted by

Camp Thoreau Inc

Date completed 2/20/2006

The American Red Cross recognizes this certificate
as valid for 3 year(s) from completion date.

**American
Red Cross**



Together, we can save a life

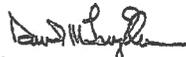
This recognizes that
Doug Randolph
has completed the requirements for
CPR/AED for the Professional Rescuer

conducted by

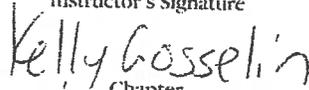
Camp Thoreau

Date completed 1/13/2007

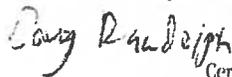
The American Red Cross recognizes this certificate
as valid for year(s) from completion date.


Chairman, American Red Cross

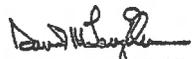
Instructor's Signature


Chapter

**American Red Cross
of Mass Bay**
Holder's Signature



Cert. 653998 (Rev. Oct. 2001)


Chairman, American Red Cross

Instructor's Signature


Chapter

**American Red Cross
of Massachusetts Bay**

Holder's Signature



Cert. 653998 (Rev. Oct. 2001)

American
Red Cross



Together, we can save a life

This recognizes that

Zac Judd
has completed the requirements for
Lifeguard Training and First Aid

conducted by

Camp Thoreau Inc

Date completed **2/20/2006**

The American Red Cross recognizes this certificate
as valid for **3** year(s) from completion date.

[Handwritten Signature]
Chairman, American Red Cross

Instructor's Signature
Kelly Gosselin
Chapter
**American Red Cross
of Mass Bay**
Holder's Signature

Cert. 653998 (Rev. Oct. 2001)

To be completed by Student: (PLEASE PRINT, USE PEN, AND PRESS HARD)

Last Name CUTLER First Name Margaret Middle Initial M

Street Address 3 Emerson Drive

City Acton State MA Country USA Zip Code 01720

Home Phone (978) 621-6629 Work Phone () Male Female

Date of Birth 08/20/1986 Email address MCUTLER@student.umass.edu

Training Center that conducted your training Human Kinetics Location where you took your training Acton, MA

New Renewal Replacement/Supplement Module Course completion date 06/15/2006

List the location where you will be working (if known) Wheeler Rec. Acton, MA

Statement of Understanding: I understand the training requirements for the StarGuard course and/or any supplemental training module and have completed all course objectives. I understand that it is my responsibility to, 1) obtain site-specific training at the facility where I will work that includes orientation to emergency procedures and practice with equipment, 2) to maintain my rescue, CPR, and First Aid skill levels, 3) to exhibit professional behavior (StarGuard Best Practices) and maintain personal safety when in or around an aquatic environment. I understand that I may be photographed at any time when performing lifeguard duties and that my image may be used in training or promotional materials produced by the Starfish Aquatics Institute or Human Kinetics Publishers.

Student Signature Margaret Cutler Date 6/15/06

Course Evaluation:

Please rate the following elements.

5= excellent/strongly agree. 1=poor, strongly disagree.

Additional comments are appreciated. Please use the back of the TOP copy.

	5	4	3	2	1
Student manuals were easy to use and understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training sessions were organized, with good pace and flow.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Instructor(s) exhibited a professional attitude.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Instructor(s) were knowledgeable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course was not too basic, not too complex.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course increased my confidence and ability to take action.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My overall score for this course:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was constant and dedicated surveillance provided during all water sessions?	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		
What did you find to be most outstanding about this course?	<u>Instructors</u>				
What would you suggest for improvement?	<u>WATER WALKER</u>				
Have you previously completed a lifeguard course?	<input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes Which course?		

To be completed by instructor:

I certify that: This individual has completed the course requirements and demonstrated reasonable competency via written and practical skill evaluation. I will maintain this student's records according to the Training Center agreement.

Signature of Lead Instructor [Signature] Instructor Number 158 Course Completion Date 6/15/06

Co-instructors: (Name and number) [Signature] 479

StarGuard is a nationally recognized lifeguard program delivered by independent Training Centers authorized by the Starfish Aquatics Institute. Enhanced training specific to adjunct equipment or special environments is designated below. This card does not guarantee future performance nor imply any licensure. It is the responsibility of the employer to verify continuing competency and to provide site-specific orientation and in-service training. At the completion of the course, the student demonstrated competency in 10.5 ft of water. Verification of performance in deeper water is the responsibility of the employer, based on site-specific needs.

Enhanced Training/Supplement Modules: Designations must match original Authorization form at national office.

- Emergency Oxygen AED
 - Waterpark Waterfront Wilderness
- www.starfishaquatics.org
www.starfishinstitute.org

Starfish Aquatics Institute

Margaret Cutler
Name



Includes American Safety & Health Institute certification for:
CPR Pro for the Professional Rescuer
Basic First Aid
Bloodborne Pathogens

Authorization Number 20116
Instructor Number 158

Valid thru 6/15/07
COURSE COMPLETION CARD



Together, we can save a life

This recognizes that
ANDREA BAUM
 has completed the requirements for
Adult CPR/AED
 conducted by
Acton Boxboro Reg High
 Date completed **6/12/2006**
 The American Red Cross recognizes this certificate
 as valid for **1** year(s) from completion date.

[Signature]
 Chairman, American Red Cross
 Instructor's Signature
J. Moraschio
 Chapter
**American Red Cross
 of Massachusetts Bay**
 Holder's Signature
Andrea Baum
 Cert. 653998 (Rev. Oct. 2001)



Together, we can save a life

This recognizes that
ANDREA BAUM
 has completed the requirements for
Infant and Child CPR
 conducted by
Acton Boxboro Reg High
 Date completed **6/12/2006**
 The American Red Cross recognizes this certificate
 as valid for **1** year(s) from completion date.

[Signature]
 Chairman, American Red Cross
 Instructor's Signature
J. Moraschio
 Chapter
**American Red Cross
 of Massachusetts Bay**
 Holder's Signature
Andrea Baum
 Cert. 653998 (Rev. Oct. 2001)



Together, we can save a life

This recognizes that
ANDREA BAUM
 has completed the requirements for
First Aid
 conducted by
Acton Boxboro Reg High
 Date completed **6/12/2006**
 The American Red Cross recognizes this certificate
 as valid for **3** year(s) from completion date.

[Signature]
 Chairman, American Red Cross
 Instructor's Signature
J. Moraschio
 Chapter
**American Red Cross
 of Massachusetts Bay**
 Holder's Signature
Andrea Baum
 Cert. 653998 (Rev. Oct. 2001)

StarGuard®

Peter Gomez

has successfully completed and competently performed
the required knowledge and skill objectives

Includes American Safety & Health Institute CPR Pro for the Professional Rescuer (Adult, Child, Infant)
Basic First Aid · Bloodborne Pathogens · Emergency Oxygen



Starfish Aquatics Institute®
"Saving Lives One At A Time"™

STARFISH AQUATICS INSTITUTE APPROVED CERTIFICATION CARD

JASON MALINOWSKI JMM/KFD/DAWG 158
Authorized Instructor (Print Name) Training Center Instructor Number

3/11/07 3/11/08 10.5 ft
Instructor's Signature Year Start Date Water depth of demonstrated competency
3/11/07 12/17
Date Completed Year Start Date CAP/Training Record Number

Specialty Module Training
Waxmark Waxmont Wilderness
Knowledge and skill not assessed in that environment if crossed out above

Specialized instruction indicates that the student has met required knowledge and skill objectives of the institution to the satisfaction of an SAI authorized instructor. The course was delivered through an authorized independent Training Center that maintains course records. Successful completion does not guarantee future performance, nor imply complete liability for every circumstance, state certification is for course. Program content is based on recommendations of the 2005 National First Aid Business Advisory Board, American Heart Association's Inc. Guidelines for CPR and ECC (Professional Rescuer), other evidence-based course content, and industry best practices. It is the responsibility of the student to maintain competency. Issuing organizations are not liable for the use of this certification. This certification is not a guarantee of performance. Course content is subject to change without notice. Printed annually by a StarGuard Institute to ensure and continue certification. Student's signature verifies agreement with the Statement of Understanding on the back of this card. www.starfishaquatics.com

Lifeguard Certification Card



To Whom It May Concern:

Enclosed is a copy of the American Red Cross Activity Report for Lifeguard Training, First Aid, CPR & AED for the Professional Rescuer. This document indicates Ross Cole's successful completion of the course requirements. If there are any further questions please contact me at the address below.

Sincerely,

Kelly Gosselin

The Thoreau Club

275 Forest Ridge Road

Concord, MA. 01742

(978) 369-7349

Affiliates of Camp Thoreau, Inc.

The Thoreau Club (978) 369-7349 • Camp Thoreau (978) 369-4095 • Thoreau Outdoor Center (978) 369-9804
275 Forest Ridge Road • Concord, MA 01742-3832 • Fax (978) 369-7443 • www.thoreau.com

StarGuard® Lifeguard Course Completion Authorization



To be completed by Student: (PLEASE PRINT, USE PEN, AND PRESS HARDY)

Last Name Reuman First Name Emily Middle Initial C

Street Address 5 Alcott St.

City Acton State MA Country USA Zip Code 01720

Home Phone (978) 263-2665 Work Phone () _____ Male Female

Date of Birth 7/24/89 Email address reuman@gmail.com

Training Center that conducted your training Howard Ridge Location where you took your training Acton-Barbara HS

New Renewal Replacement/Supplement Module Course completion date 6/17/2006

List the location where you will be working (if known) Wheeler Recreation

Statement of Understanding: I understand the training requirements for the StarGuard course and/or any supplemental training module and have completed all course objectives. I understand that it is my responsibility to, 1) obtain site-specific training at the facility where I will work that includes orientation to emergency procedures and practice with equipment, 2) to maintain my rescue, CPR, and First Aid skill levels, 3) to exhibit professional behavior (StarGuard Best Practices) and maintain personal safety when in or around an aquatic environment. I understand that I may be photographed at any time when performing lifeguard duties and that my image may be used in training or promotional materials produced by the Starfish Aquatics Institute or Human Kinetics Publishers.

Student Signature Emily Reuman Date 6/17/06

Course Evaluation:

Please rate the following elements.

5= excellent/strongly agree. 1=poor, strongly disagree.

Additional comments are appreciated. Please use the back of the TOP copy.

	5	4	3	2	1
Student manuals were easy to use and understand.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training sessions were organized, with good pace and flow.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Instructor(s) exhibited a professional attitude.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Instructor(s) were knowledgeable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course was not too basic, not too complex.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course increased my confidence and ability to take action.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My overall score for this course:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was constant and dedicated surveillance provided during all water sessions? Yes No

What did you find to be most outstanding about this course?

What would you suggest for improvement?

Have you previously completed a lifeguard course? No Yes Which course? StarGuard

To be completed by Instructor:

I certify that This individual has completed the course requirements and demonstrated reasonable competency via written and practical skill evaluation. I will maintain this student's records according to the Training Center agreement.

Signature of Lead Instructor [Signature] Instructor Number 158 Course Completion Date 6/17/06

Co-Instructors: (Name and number) Janus [Signature] 479

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Enhanced Training/Supplement Modules:

Designations must match original Authorization form at national office.

- Waterpark
- Emergency Oxygen
- Waterfront
- Wilderness
- AED

www.starfishaquatics.org
www.ashinstitute.org

Starfish Aquatics Institute®

Emily Reuman
Name



Includes American Safety & Health Institute® certification for:
CPR Pro for the Professional Rescuer
Basic First Aid
Bloodborne Pathogens

Authorization Number 17277
Instructor Number 158

Valid thru 6/17/06
COURSE COMPLETION CARD

NUMBER: 06-03/WADING

FEE: \$35

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON – BOARD OF HEALTH

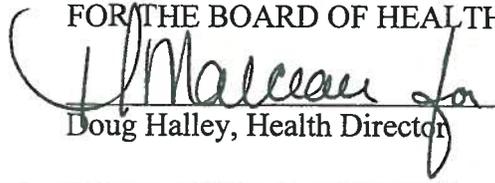
Hereby Certifies that **Wheeler Recreation**
of **PO Box 2429, Acton, MA 01720**

IS HEREBY GRANTED A LICENSE

For **2006 WADING POOL**

This license is granted in conformity with the statutes and ordinances relating thereto
and expires **12/31/2006** unless sooner suspended or revoked.

FOR THE BOARD OF HEALTH


Doug Halley, Health Director

ISSUED: 5/22/2006

APPROVED

JUN 16 2006

ACTON BOARD
OF HEALTH

NUMBER: 06-10/SP

FEE: \$230

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON – BOARD OF HEALTH

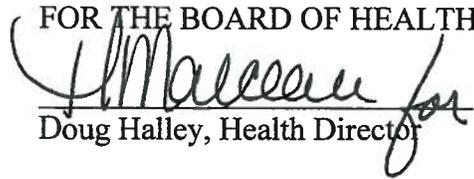
Hereby Certifies that **Wheeler Recreation**
of **PO Box 2429, Acton, MA 01720**

IS HEREBY GRANTED A LICENSE

For **2006 SWIMMING POOL**

This license is granted in conformity with the statutes and ordinances relating thereto
and expires **12/31/2006** unless sooner suspended or revoked.

FOR THE BOARD OF HEALTH


Doug Halley, Health Director

ISSUED: 5/22/2006

APPROVED

JUN 16 2006

ACTON BOARD
OF HEALTH

Permit

**Town of Acton
Application
Permit to Operate Public/Semi-Public Swimming Pool**

Swimming Pool	\$230 (seasonal) ✓
Swimming Pool	\$340 (year round)
Wading Pool	\$35 ✓

Owner Name: Wheeler Recreation
 Address: P.O. Box 2429, Acton, MA 01720
 Phone Number: _____

Certified Pool Operator name: Aquaman
 Copy of Pool Operator's Certification submitted

Contact Person: Bob Leandro
 Address: 20 Alcott St
 Phone Number: 978-635-3490

Anticipated Date of Pool to Open: Saturday, May 27th
 Anticipated Date of Pool to Close: September 5th

Tentative Operating Schedule

	AM	PM
Sunday	10:00	9:00
Monday	8:00	
Tuesday	↓	
Wednesday	↓	
Thursday		
Friday	8:00	↓
Saturday	9:00	9:00

- Lifeguard Certifications Submitted
- Key to Facility Supplied to Health Department

• Please contact the Acton Board of Health at 978-264-9634 to schedule an opening inspection of the swimming pool(s). Allow enough time for a possible re-inspection prior to opening.

*06-10 SP
06-03 wade*

**American
Red Cross**



Together, we can save a life

This recognizes that
ANDREA BAUM
has completed the requirements for
CPR for the Professional Rescuer

conducted by
CAMP THOREAU CLUB
Date completed 06/20/2003
The American Red Cross recognizes this certificate
as valid for 1 year(s) from completion date.

**American
Red Cross**



Together, we can save a life

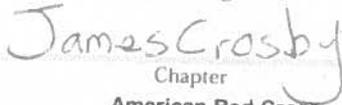
This recognizes that
ANDREA BAUM
has completed the requirements for
Lifeguard Training and First Aid

conducted by
CAMP THOREAU CLUB
Date completed 06/20/2003
The American Red Cross recognizes this certificate
as valid for 3 year(s) from completion date.



Chairman, American Red Cross

Instructor's Signature

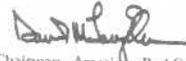


Chapter

**American Red Cross
of Massachusetts Bay**

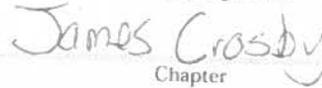
Holder's Signature

Cert. 653999 (Rev. Oct. 2001)



Chairman, American Red Cross

Instructor's Signature



Chapter

**American Red Cross
of Massachusetts Bay**

Holder's Signature

Cert. 653999 (Rev. Oct. 2001)

**American
Red Cross**



Together, we can save a life

This recognizes that
ANDREA BAUM
has completed the requirements for
Adult, Child and Infant CPR

conducted by

ACTON BOXBOROUGH REG.- H.S.

Date completed **6/23/2005**

The American Red Cross recognizes this certificate
as valid for **1** year(s) from completion date.

**American
Red Cross**



Together, we can save a life

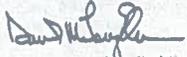
This recognizes that
ANDREA BAUM
has completed the requirements for
Community First Aid & Safety

conducted by

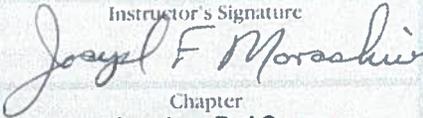
ACTON BOXBOROUGH REG.- H.S.

Date completed **6/23/2005**

The American Red Cross recognizes this certificate
as valid for **3** year(s) from completion date.


Chairman, American Red Cross

Instructor's Signature

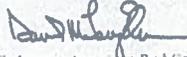


Chapter

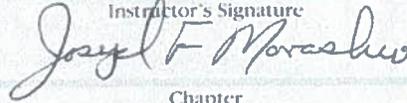
**American Red Cross
of Massachusetts Bay**

Holder's Signature

Cert. 653998 (Rev. Oct. 2001)


Chairman, American Red Cross

Instructor's Signature



Chapter

**American Red Cross
of Massachusetts Bay**

Holder's Signature

Cert. 653998 (Rev. Oct. 2001)



American
Red Cross

Together, we can save a life

This recognizes that
Kevin White
has completed the requirements for
Adult CPR/AED
conducted by
Acton Boxboro Reg High
Date completed **3/31/2006**
The American Red Cross recognizes this certificate
as valid for **1** year(s) from completion date.



American
Red Cross

Together, we can save a life

This recognizes that
Kevin White
has completed the requirements for
First Aid
conducted by
Acton Boxboro Reg High
Date completed **3/31/2006**
The American Red Cross recognizes this certificate
as valid for **3** year(s) from completion date.



American
Red Cross

Together, we can save a life

This recognizes that
Kevin White
has completed the requirements for
Infant and Child CPR
conducted by
Acton Boxboro Reg High
Date completed **3/31/2006**
The American Red Cross recognizes this certificate
as valid for **1** year(s) from completion date.

[Handwritten Signature]

Chairman, American Red Cross

Instructor's Signature

Joseph E. Marone

Chapter

American Red Cross
of Massachusetts Bay

Holder's Signature

Cert. 653998 (Rev. Oct. 2001)

[Handwritten Signature]

Chairman, American Red Cross

Instructor's Signature

Joseph E. Marone

Chapter

American Red Cross
of Massachusetts Bay

Holder's Signature

Cert. 653998 (Rev. Oct. 2001)

[Handwritten Signature]

Chairman, American Red Cross

Instructor's Signature

Joseph E. Marone

Chapter

American Red Cross
of Massachusetts Bay

Holder's Signature

Cert. 653998 (Rev. Oct. 2001)

StarGuard® Lifeguard Course Completion Authorization



To be completed by Student: (PLEASE PRINT, USE PEN, AND PRESS HARD)

Last Name Huang First Name Grant Middle Initial _____

Street Address 384 Old Beaverbrook

City Acton State MA Country U.S.A Zip Code 01718

Home Phone (978) 264-0717 Work Phone (978) 760-2022 Male Female

Date of Birth 04/28/1990 Email address grant0428@hotmail.com

Training Center that conducted your training Harvard Ridge Location where you took your training Acton Boxboro Highsch
ool

New Renewal Replacement/Supplement Module Course completion date 03/05/2010

List the location where you will be working (if known) Wheeler

Statement of Understanding: I understand the training requirements for the StarGuard course and/or any supplemental training module and have completed all course objectives. I understand that it is my responsibility to, 1) obtain site-specific training at the facility where I will work that includes orientation to emergency procedures and practice with equipment, 2) to maintain my rescue, CPR, and First Aid skill levels, 3) to exhibit professional behavior (StarGuard Best Practices) and maintain personal safety when in or around an aquatic environment. I understand that I may be photographed at any time when performing lifeguard duties and that my image may be used in training or promotional materials produced by the Starfish Aquatics Institute or Human Kinetics Publishers.

Student Signature Grant Huang Date 03/05/10

Course Evaluation:

Please rate the following elements.

5=excellent/strongly agree. 1=poor, strongly disagree.

Additional comments are appreciated. Please use the back of the TOP copy.

5 4 3 2 1

Student manuals were easy to use and understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training sessions were organized, with good pace and flow.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Instructor(s) exhibited a professional attitude.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Instructor(s) were knowledgeable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course was not too basic, not too complex.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course increased my confidence and ability to take action.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My overall score for this course:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was constant and dedicated surveillance provided during all water sessions?	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		
What did you find to be most outstanding about this course?	<u>Active-Pool activities</u>				
What would you suggest for improvement?	<u>N/A</u>				
Have you previously completed a lifeguard course?	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes Which course?		

To be completed by Instructor:

I certify that: This individual has completed the course requirements and demonstrated reasonable competency via written and practical skill evaluation. I will maintain this student's records according to the Training Center agreement.

Signature of Lead Instructor [Signature] Instructor Number 158 Course Completion Date 03/05/10

Co-Instructors: (Name and number) [Signature]

StarGuard® is a nationally recognized lifeguard program delivered by independent Training Centers authorized by the Starfish Aquatics Institute. Enhanced training specific to adjunct equipment or special environments is designated below. This card does not guarantee future performance nor imply any licensure. It is the responsibility of the employer to verify continuing competency and to provide site-specific orientation and in-service training. At the completion of the course, the student demonstrated competency in 10.5 ft of water. Verification of performance in deeper water is the responsibility of the employer, based on site-specific needs.

Enhanced Training/Supplement Modules:

Designations must match original Authorization form at national office.

- Emergency Oxygen AED
 Waterpark Waterfront Wilderness

www.starfishaquatics.org
www.ashinstitute.org

Starfish Aquatics Institute®

Grant Huang
Name



Authorization Number 15325
 Instructor Number 158

Valid thru 03/05/10
COURSE COMPLETION CARD



Together, we can save a life

This recognizes that
Elizabeth Jenkins
has completed the requirements for
CPR for the Professional Rescuer

conducted by
Camp Thoreau Inc
Date completed **2/20/2006**
The American Red Cross recognizes this certificate
as valid for **1** year(s) from completion date.



Together, we can save a life

This recognizes that
Elizabeth Jenkins
has completed the requirements for
Lifeguard Training and First Aid

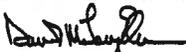
conducted by
Camp Thoreau Inc
Date completed **2/20/2006**
The American Red Cross recognizes this certificate
as valid for **3** year(s) from completion date.



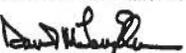
Together, we can save a life

This recognizes that
Elizabeth Jenkins
has completed the requirements for
Community First Aid & Safety

conducted by
ACTON BOXBOROUGH REG.- H.S.
Date completed **01/23/2005**
The American Red Cross recognizes this certificate
as valid for **3** year(s) from completion date.


Chairman, American Red Cross
Instructor's Signature
Kelly Gosselin
Chapter
American Red Cross
Of Mass Bay
Holder's Signature
Elizabeth Jenkins
Cert. 653998 (Rev. Oct. 2001)


Chairman, American Red Cross
Instructor's Signature
Kelly Gosselin
Chapter
American Red Cross
of Mass Bay
Holder's Signature
Elizabeth Jenkins
Cert. 653998 (Rev. Oct. 2001)


Chairman, American Red Cross
Instructor's Signature
Joseph F. Marchio
Chapter
American Red Cross
of Massachusetts Bay
Holder's Signature
Elizabeth Jenkins
Cert. 653999 (Rev. Oct. 2001)



Together, we can save a life

This recognizes that
Tara Sweeney
has completed the requirements for
Lifeguard Training and First Aid

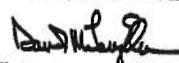
conducted by
Camp Thoreau Inc
Date completed **2/20/2006**
The American Red Cross recognizes this certificate
as valid for **3** year(s) from completion date.

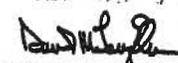


Together, we can save a life

This recognizes that
Tara Sweeney
has completed the requirements for
CPR for the Professional Rescuer

conducted by
Camp Thoreau Inc
Date completed **2/20/2006**
The American Red Cross recognizes this certificate
as valid for **1** year(s) from completion date.


Chairman, American Red Cross
Instructor's Signature
Kelly Gosselin
Chapter
**American Red Cross
of Mass Bay**
Holder's Signature
Tara Sweeney
Cert. 653998 (Rev. Oct. 2001)


Chairman, American Red Cross
Instructor's Signature
Kelly Gosselin
Chapter
**American Red Cross
Of Mass Bay**
Holder's Signature
Tara Sweeney
Cert. 653998 (Rev. Oct. 2001)

StarGuard® Lifeguard Course Completion Authorization



To be completed by Student: (PLEASE PRINT, USE PEN, AND PRESS HARD)

Last Name Flood First Name Brady Middle Initial W

Street Address 3 Phalen St.

City Acton State MA Country USA Zip Code 01720

Home Phone (978) 264-4108 Work Phone (978) 844-0169 Male Female

Date of Birth 5/25/90 Email address brady.pats1@yahoo.com

Training Center that conducted your training Harvard Ridge Location where you took your training Acton-Barbara HS

New Renewal Replacement/Supplement Module Course completion date 4/23/2006

List the location where you will be working (if known) Wheeler Recreation

Statement of Understanding: I understand the training requirements for the StarGuard course and/or any supplemental training module and have completed all course objectives. I understand that it is my responsibility to, 1) obtain site-specific training at the facility where I will work that includes orientation to emergency procedures and practice with equipment, 2) to maintain my rescue, CPR, and First Aid skill levels, 3) to exhibit professional behavior (StarGuard Best Practices) and maintain personal safety when in or around an aquatic environment. I understand that I may be photographed at any time when performing lifeguard duties and that my image may be used in training or promotional materials produced by the Starfish Aquatics Institute or Human Kinetics Publishers.

Student Signature Brady Flood Date 4/23/06

Course Evaluation:

Please rate the following elements. 5= excellent/strongly agree. 1=poor, strongly disagree.

Additional comments are appreciated. Please use the back of the TOP copy.

	5	4	3	2	1
Student manuals were easy to use and understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training sessions were organized, with good pace and flow.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructor(s) exhibited a professional attitude.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructor(s) were knowledgeable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course was not too basic, not too complex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course increased my confidence and ability to take action.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My overall score for this course:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was constant and dedicated surveillance provided during all water sessions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
What did you find to be most outstanding about this course?	<u>lots of hands on activity</u>				
What would you suggest for improvement?	<u>None</u>				
Have you previously completed a lifeguard course?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Which course?				

To be completed by instructor:

I certify that: This individual has completed the course requirements and demonstrated reasonable competency via written and practical skill evaluation. I will maintain this student's records according to the Training Center agreement.

Signature of Lead Instructor [Signature] Instructor Number 158 Course Completion Date 4/23/2006
 Co-Instructors: (Name and number) Angela Orr (480)

StarGuard® is a nationally recognized lifeguard program delivered by independent Training Centers authorized by the Starfish Aquatics Institute. Enhanced training specific to adjunct equipment or special environments is designated below. This card does not guarantee future performance nor imply any licensure. It is the responsibility of the employer to verify continuing competency and to provide site-specific orientation and in-service training. At the completion of the course, the student demonstrated competency in 10.5 ft of water. Verification of performance in deeper water is the responsibility of the employer, based on site-specific needs.

Enhanced Training/Supplement Modules:
 Designations must match original Authorization form at national office.

- Emergency Oxygen
- Waterpark
- Waterfront
- Wildemess
- AED

www.starfishaquatics.org
www.ashinstitute.org

Starfish Aquatics Institute®

Brady Flood
 Name



Includes American Safety & Health Institute® certification for:
 CPR Pro for the Professional Rescuer
 Basic First Aid
 Bloodborne Pathogens

Authorization Number 20052
 Instructor Number 158

Valid thru 4/23/07
 course number 1000



**American
Red Cross**

Together, we can save a life

This recognizes that

**Bradfield Flood
has completed the requirements for
Community First Aid & Safety**

conducted by

ACTON BOXBOROUGH REG.- H.S.

Date completed **01/28/2005**

The American Red Cross recognizes this certificate
as valid for **3** year(s) from completion date.

[Signature]
Chairman, American Red Cross
Instructor's Signature

Joseph F. Maraschio
Chapter
American Red Cross
of Mass Bay
Holder's Signature

Cert. 653999 (Rev. Oct. 2001)