

HEALTHCARE PROVIDER

HEALTHCARE PROVIDER

Healthcare Provider



PEEL
HERE

ELANA 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

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

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

Course Location **WHEELER REC.
William Devereaux Ma. T.C 00670**

Instructor Name **William Devereaux Ma. T.C 00670** Inst. ID #

Holder's Signature *[Signature]*

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

This card contains unique security features to protect against forgery.

90-1801 3/11

HEALTHCARE PROVIDER

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Healthcare Provider



PEEL
HERE

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

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

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

Course Location **WHEELER REC.
William Devereaux Ma. T.C 00670**

Instructor Name **William Devereaux Ma. T.C 00670** Inst. ID #

Holder's Signature *Elizabeth Shaughnessey*

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90-1801 3/11

HEALTHCARE PROVIDER

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PEEL
HERE

ALEX CANTRELL

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

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**

Holder's Signature *Elana Richmond*

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HEALTHCARE PROVIDER

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Healthcare Provider



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

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

Course Location **WHEELER REC.**

Instructor Name **William Devereaux Ma. T.C 00670** Inst. ID #

Holder's Signature *[Signature]*

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DOUG RANDOLPH

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

PEEL HERE

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90-1801 3/11

HEALTHCARE PROVIDER

HEALTHCARE PROVIDER

Healthcare Provider



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

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

Course Location **WHEELER REC.**

Instructor Name **William Devereaux Ma. T.C 00670** Inst. ID #

Holder's Signature *[Signature]*

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

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

PEEL HERE

Need to sign D.

This card contains unique security features to protect against forgery.

90-1801 3/11

HEALTHCARE PROVIDER

HEALTHCARE PROVIDER

Healthcare Provider



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

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

Course Location **WHEELER REC.**

Instructor Name **William Devereaux Ma. T.C 00670** Inst. ID #

Holder's Signature *[Signature]*

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

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

PEEL HERE

This card contains unique security features to protect against forgery.

90-1801 3/11

HEALTHCARE PROVIDER

Healthcare Provider



TOM (TJ) GILLESPIE

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.

Issue Date
05/25/11

Recommended Renewal Date
05/13

© 2011 American Heart Association

Training Center Name
T.M.J. Ma. 00670

TC ID #

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

Course Location
WHEELER REC.

Instructor Name
WILLIAM DEVEREAUX

Holder's Signature
TJ. GILLESPIE

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

This card contains unique security features to protect against forgery.

90-1801 3/11

Not a lifeguard. He is in an operations/maintenance role

**Town of Acton Board of Health
Opening Inspection Check List
Swimming Pools**

Date 5-17-10

Inspector Sheryl Ball

YES	NO	REQUIREMENT
✓		Swimming Pool Application on file in Health Department
✓		Current Lifeguard Certifications on file in Health Department
✓		Sign about no lifeguards/swimming alone
✓		Bathrooms clean/supplied with paper, soap, towels
✓		Fence in good condition with self-closing gate
✓		Filtration equipment in working order
		Test kit stocked
✓		Main drain or suction outlet cover secure
✓		Wading pool has emergency shut-off pump
✓		Water depth markings visible
✓		Walkways unobstructed
		Diving equipment secured
✓		Certified Pool Operator responsible for pool:
✓		CPO credential on file in Health Department
✓		Training program for on-site personnel
✓		Pool permit posted
✓		Sign about communicable disease
✓		Sign about cleansing shower
✓		Voice amplification device available
✓		Ring buoy with ¼ inch poly rope at least 1 ½ times the width of pool
✓		Rescue tube (if lifeguard stand present)
✓		Backboard with straps if lifeguard present
✓		Rescue hook
✓		First Aid Kit: 35 1" band aids, 10 3x3" gauze pads, 2 5x5" pads, 1 8x10" pad, 2 2" roller bandage, 1 scissors, 1 tweezers, 1 rescue blanket, 12 antiseptic wipes, 2 disposable ice packs, 1 sterile isotonic eye wash, 2 pair latex gloves, 1 micro-shield or pocket mask with a one way valve
✓		Emergency communication system (telephone with emergency numbers)
✓		Water chemistry tested during inspection
✓		Unbreakable thermometer present
✓		Water clarity acceptable (black disc visible)
✓		Log book for chemical testing (at least 4 times a day)
✓		Filter working
✓		Flow Meter working

**THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON**

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

SWIMMING POOL INSPECTION REPORT

TYPE OF SWIMMING POOL: PUBLIC SEMI-PUBLIC SPECIAL PURPOSE

NAME OF POOL: Wheeler Recreation ADDRESS

OWNER: Richard Ward ADDRESS

DATE OF INSPECTION: 8/13/08 POOL CAPACITY # OF GALS. INSPECTED BY: Dr Ball

METHOD OF WATER TREATMENT: Chlorine BATHER LOAD: # OF LIFEGUARDS WATER SOURCE: town

Water Sample Taken for bacteriological testing? Yes No

POOLSIDE READINGS

	SWIMMING		WADING	
	SWIMMING	WADING	SWIMMING	WADING
Bromine			Calcium Hardness	
Alkalinity	<u>110</u>	<u>90</u>	Total Chlorine	<u>3</u>
Cyanuric Acid			Free Chlorine	<u>5</u>
Water Temp			Comb. Chlorine	
pH Level	<u>7.2</u>	<u>7.6</u>	Other	

Observed violations: opening

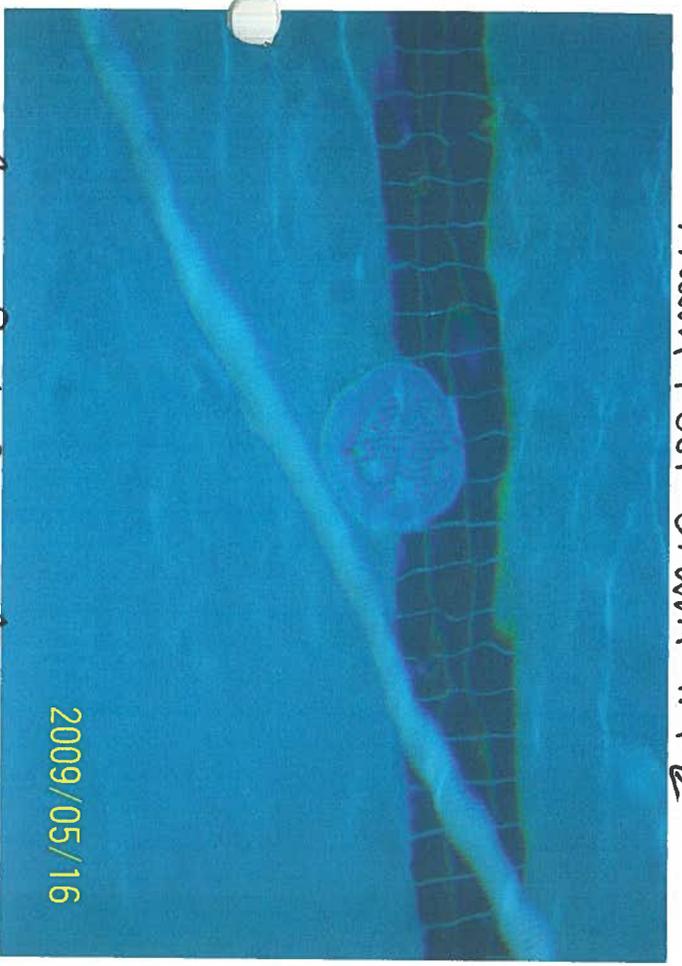
- lowers chlorine in Baby pool
- megaphone
- unbreakable thermometers } all set
- paint mens room
- lifeguard assignments - keep me informed of new/additional guards

NOTE: SUMMARY OF REGULATION 105 CMR 435.000 ON REVERSE SIDE

[Signature] Received By [Signature] Inspector

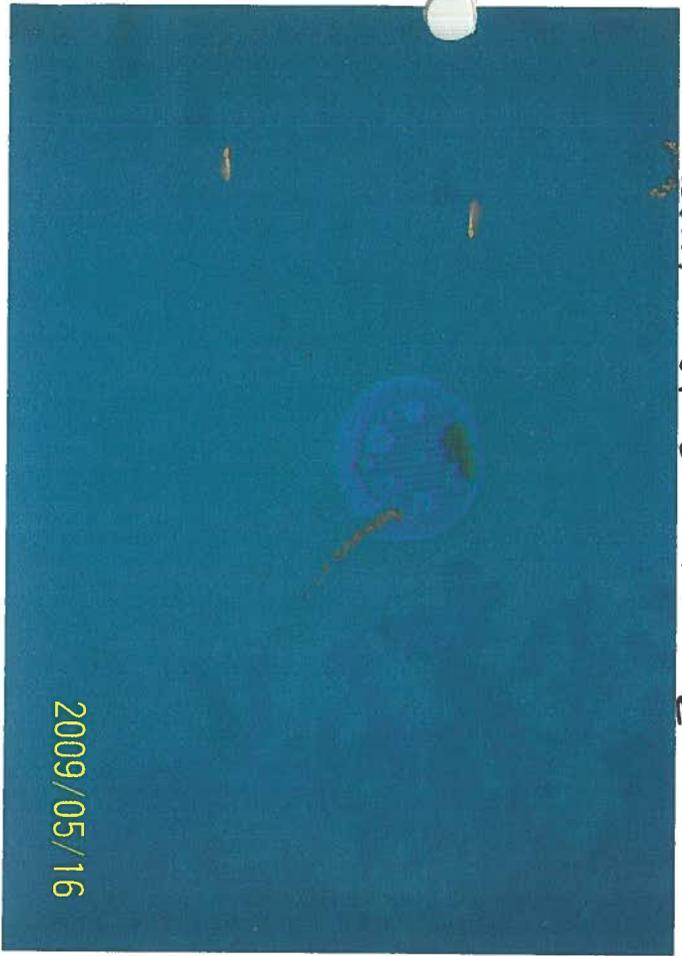
S.H.
5/28/09

Wheeler Recreation Area Pool - 2007
Main Pool Drain #12



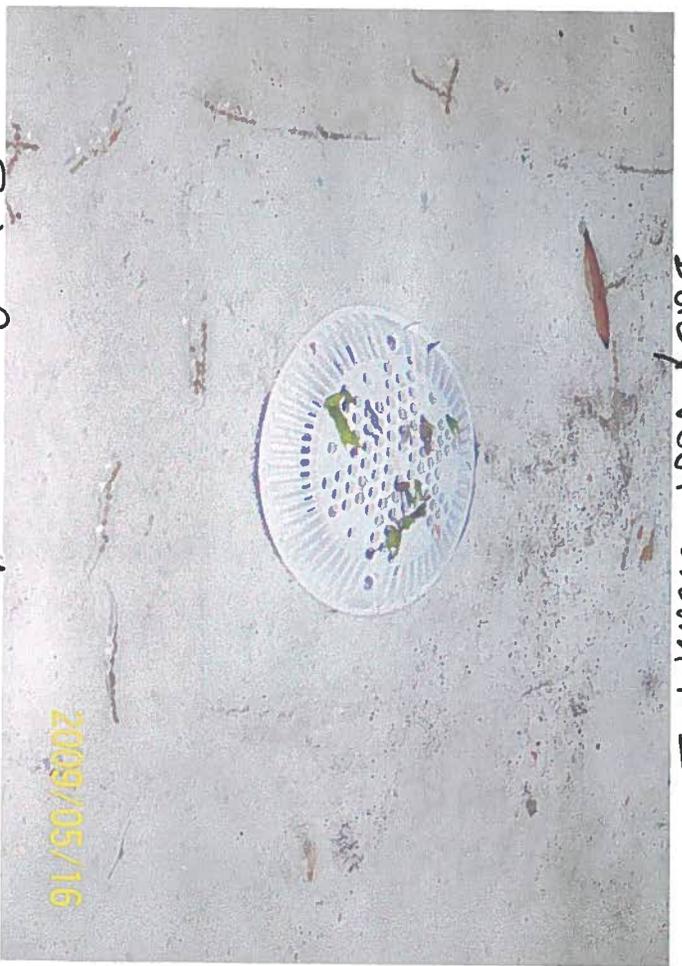
2009/05/16

Main Pool Drain #22



2009/05/16

Baby Pool Drain #1



2009/05/16

Baby Pool Drain #2



2009/05/16



Baby Pool Drains 22





FAX

Date: 3/20/09 Number of Pages: 1 of 3

To: WHEELER REC
Fax Number: 978-429-0691

From: PETER WHITE

Message: PLEASE FIND COPIES OF EXTRA'S
BILLING AND CURRENT INVOICE.

THANK YOU!



WHEELER RECREATION ASSOCIATION
 C/O Bob and Carol Leandro
 20 Alcott St.
 Acton, MA 01720

March 20, 2009
EXTRA'S INVOICE

ATTN: Wheeler Recreation Association

The following invoice is for the additional work authorized by you yesterday for the Wheeler Rec. pool. The additional work consisted of acid washing the kiddie pool in conjunction with the new main drain installation and replumbing the filtration equipment above ground on the swimming pool. The plumbing was adjusted so that the (2) pool main drain feed lines meet at one pump tied into the existing sand filter. The remaining pump now has the (2) pool skimmer lines feeding the diatomaceous earth filter. The previously existing condition of two different pumps running on the main drain feeds creates a conflict with VGB Safety Act. In addition, we have installed a hose bib (silcock) provision for the introduction of air (for winterization purposes) on the sand filter system running the (2) main drain lines. Where there is no longer a skimmer on this system, an air introduction point became necessary.

PRICE INCLUDES ALL MATERIAL AND LABOR..... \$ 311.50

This work was completed earlier today and is payable on receipt. Thank You!

Please make check payable to: **Aquatime Pools and Spas, Inc.**
 7 Middlesex Rd.
 Tyngsboro, MA 01879



WHEELER RECREATION ASSOCIATION
 C/O Bob and Carol Leandro
 20 Alcott St.
 Acton, MA 01720

March 20, 2009
UPDATED STATEMENT

ATTN: Wheeler Recreation Association

The following **UPDATED STATEMENT** reflects the new schedule for completing this work prior to the beginning of the season. While the original payment schedule split the job cost into a deposit and a completion payment, we have discussed getting the bulk of the work completed early during this window of weather. We submit the following modified payment schedule to more accurately reflect the timing and value of the work as performed.

ORIGINAL CONTRACTED AMOUNT.....	\$ 2,300.00
<u>EXTRA'S WORK INVOICE (for work completed 3/20/09).....</u>	<u>\$ 311.50</u>
TOTAL AMOUNT.....	\$ 2,611.50
<u>DEPOSIT PAYMENT RECEIVED. .-</u>	<u>\$ 1,150.00-</u>
CURRENT BALANCE DUE.	\$ 1,462.50

REMAINING WORK:

1. Dive in the pool to install the (2) new grates,
2. Plaster skim-coat area on top of the kiddie pool new main drains.

PAYMENT DUE TO REFLECT COMPLETION OF WORK.- \$ 1,000.00-
 New balance due at completion of items 1, 2 above. \$ 462.50

CURRENT PAYMENT DUE..... \$ 1,000.00

FOR WHEELER REC POOL.

American Red Cross



Together, we can save a life

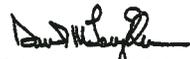
This recognizes that
Alex Cantrell
has completed the requirements for
CPR/AED for the Professional Rescuer

conducted by

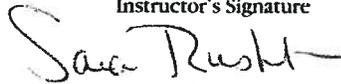
Camp Thoreau, Inc.

Date completed 8/22/2008

The American Red Cross recognizes this certificate
as valid for 1 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)

American Red Cross



Together, we can save a life

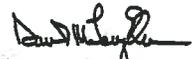
This recognizes that
Alex Cantrell
has completed the requirements for
Lifeguarding/First Aid

conducted by

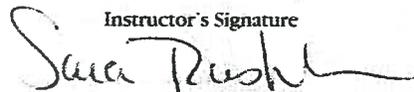
Camp Thoreau, Inc.

Date completed 8/22/2008

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)

7) Email: alcantrell22@gmail.com
Cell: 811 (978) 394-4143

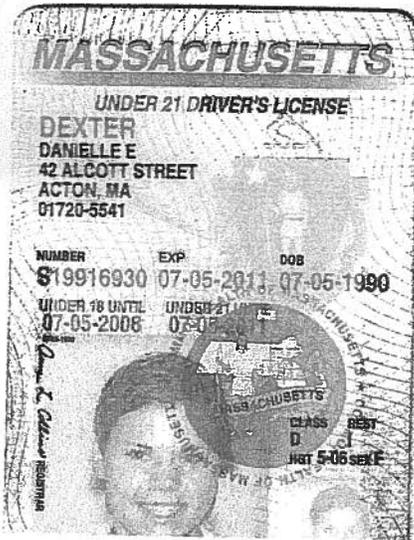
5) Schedule

- Away from August 8th - 16th
- Gym class in mornings until 10:00am until end of July.

3) From May 23 -> End of school

- Not available after school
- limitedly available on weekends

I-9: Document From List B



Kelly Gosselin
Chapter
American Red Cross
of Massachusetts Bay

Holder's Signature
Danielle Dexter
Cert. 653998 (Rev. Oct. 2)

[Signature]
Chairman, American Red Cross

Instructor's Signature
Sara Rusch
Chapter
American Red Cross
of Massachusetts Bay

Holder's Signature
Danielle Dexter
Cert. 653998 (Rev. Oct. 200)

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

[Signature]
Chapter
American Red Cross
of Massachusetts Bay
Danielle Dexter

American Red Cross



HEALTH AND SAFETY SERVICES
INSTRUCTOR AUTHORIZATION

Danielle Dexter
is authorized as an instructor in

Water Safety
by the

Massachusetts Bay
This authorization expires
December 31, 2009

American Red Cross



Together, we can save a life

This recognizes that
Danielle Dexter
has completed the requirements for
Fundamentals of Instructor Training

conducted by
Camp Thoreau, Inc.
Date completed 3/30/2008
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
Danielle Dexter
has completed the requirements for
CPR/AED for the Professional Rescuer

conducted by
Camp Thoreau, Inc.
Date completed 6/2/2008
The American Red Cross recognizes this certificate
as valid for 1 year(s) from completion date.

American Red Cross

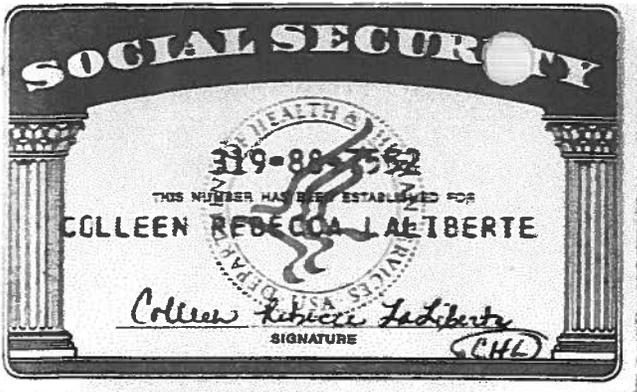


Together, we can save a life

This recognizes that
Danielle Dexter
has completed the requirements for
Lifeguarding/First Aid

conducted by

[Signature]
Date completed



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 6/4/2008
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
Colleen LaLiberte
has completed the requirements for
Standard First Aid
conducted by
Acton Boxborough Reg High
Date completed 4/5/2007
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
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 3 year(s) from completion date.



Together, we can save a life

This recognizes that
Sarah Lynch
has completed the requirements for
CPR/AED for Lifeguards
conducted by
Camp Thoreau, Inc.
Date completed 12/29/2008
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
Sarah Lynch
has completed the requirements for
Lifeguarding/First Aid
conducted by
Camp Thoreau, Inc.
Date completed 12/29/2008
The American Red Cross recognizes this certificate
as valid for 1 year(s) from completion date.

American
Red Cross



**HEALTH AND SAFETY SERVICES
INSTRUCTOR AUTHORIZATION**

Doug Randolph

is authorized as an instructor in

Water Safety

by the

Massachusetts Bay

This authorization expires

December 31, 2009

American
Red Cross



Together, we can save a life

This recognizes that

Doug Randolph
has completed the requirements for

CPR/AED for Lifeguards

conducted by

Camp Thoreau, Inc.

Date completed

3/15/2009

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

Lifeguarding/First Aid

conducted by

Camp Thoreau, Inc.

Date completed

3/15/2009

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

**Town of Acton Board of Health
Opening Inspection Check List
Swimming Pools**

Date 5/18/09

Inspector Sheryl Ball

YES	NO	REQUIREMENT
	<input type="radio"/>	Swimming Pool Application on file in Health Department
✓		Current Lifeguard Certifications on file in Health Department <i>Need updated</i>
		Sign about no lifeguards/swimming alone
✓		Bathrooms clean/supplied with paper, soap, towels
✓		Fence in good condition with self-closing gate
✓		Filtration equipment in working order
✓		Test kit stocked
✓		Main drain or suction outlet cover secure
✓		Wading pool has emergency shut-off pump
✓		Water depth markings visible
✓		Walkways unobstructed
N/A		Diving equipment secured
		Certified Pool Operator responsible for pool:
✓		CPO credential on file in Health Department <i>Krishn - aqua man</i>
✓		Training program for on-site personnel
✓		Pool permit posted
✓		Sign about communicable disease
✓		Sign about cleansing shower
		Voice amplification device available
✓		Ring buoy with 1/4 inch poly rope at least 1 1/2 times the width of pool
✓		Rescue tube (if lifeguard stand present)
✓		Backboard with straps if lifeguard present
✓		Rescue hook
✓		First Aid Kit: 35 P" band aids, 10 3x3" gauze pads, 2 5x5" pads, 1 8x10" pad, 2 2" roller bandage, 1 scissors, 1 tweezers, 1 rescue blanket, 12 antiseptic wipes, 2 disposable ice packs, 1 sterile isotonic eye wash, 2 pair latex gloves, 1 micro-shield or pocket mask with a one way valve
✓		Emergency communication system (telephone with emergency numbers)
✓		Water chemistry tested during inspection
✓		Unbreakable thermometer present
✓		Water clarity acceptable (black disc visible)
✓		Log book for chemical testing (at least 4 times a day)
✓		Filter working
✓		Flow Meter working

D.H.
8/18/08

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON

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

SWIMMING POOL INSPECTION REPORT

TYPE OF SWIMMING POOL: PUBLIC SEMI-PUBLIC SPECIAL PURPOSE

NAME OF POOL: Wheeler Recreation ADDRESS

OWNER: Richard Ward ADDRESS

DATE OF INSPECTION: 8/13/08 POOL CAPACITY # OF GALS. INSPECTED BY: J. Ball

METHOD OF WATER TREATMENT: Chlorine BATHER LOAD: # OF LIFEGUARDS: WATER SOURCE:

Water Sample Taken for bacteriological testing? Yes No

POOLSIDE READINGS

	SWIMMING WADING			SWIMMING	WADING
Bromine			Calcium Hardness		
Alkalinity	<u>150</u>	<u>130</u>	Total Chlorine		
Cyanuric Acid			Free Chlorine	<u>3</u>	<u>2.5</u>
Water Temp			Comb. Chlorine		
pH Level	<u>7.4</u>	<u>7.4</u>	Other		

Observed violations:
none

NOTE: SUMMARY OF REGULATION 105 CMR 435.000 ON REVERSE SIDE

[Signature]
Received By

[Signature]
Inspector

DH
5/20/08

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON

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

SWIMMING POOL INSPECTION REPORT

TYPE OF SWIMMING POOL: PUBLIC SEMI-PUBLIC SPECIAL PURPOSE

NAME OF POOL: Wheeler Recreation ADDRESS 38 Alcott St.

OWNER: ADDRESS

DATE OF INSPECTION: 5/15/08 POOL CAPACITY # OF GALS. INSPECTED BY: J. Snair

METHOD OF WATER TREATMENT: BATHER LOAD: 80 # OF LIFEGUARDS 2 @ 40 Bathers WATER SOURCE:

Water Sample Taken for bacteriological testing? Yes No

POOLSIDE READINGS

	SWIMMING WADING			SWIMMING	WADING
Bromine			Calcium Hardness		
Alkalinity	<u>130 ppm</u>	<u>140 ppm</u>	Total Chlorine	<u>0</u>	<u>2.5</u>
Cyanuric Acid			Free Chlorine	<u>0</u>	
Water Temp	<u>54</u>		Comb. Chlorine	<u>0</u>	
pH Level	<u>7.2</u>	<u>7.2</u>	Other		

Observed violations:

25 First Aid kit

NOTE: SUMMARY OF REGULATION 105 CMR 435.000 ON REVERSE SIDE

Richard Z. Ward
Received By
Richard Z. Ward

J. Snair
Inspector

D.A.H
7/16/17

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON

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

3:30 PM

SWIMMING POOL INSPECTION REPORT

TYPE OF SWIMMING POOL: PUBLIC SEMI-PUBLIC SPECIAL PURPOSE

NAME OF POOL: Wheeler Rec ADDRESS Alcott St.

OWNER: Same ADDRESS

DATE OF INSPECTION: 7/16/17 POOL CAPACITY # OF GALS. INSPECTED BY: Hhasz

METHOD OF WATER TREATMENT: BATHER LOAD: # OF LIFEGUARDS WATER SOURCE:

Water Sample Taken for bacteriological testing? Yes No

POOLSIDE READINGS

	SWIMMING	WADING		SWIMMING	WADING
Bromine			Calcium Hardness		
Alkalinity			Total Chlorine	1.5	1.5
Cyanuric Acid			Free Chlorine	1.5	1.5
Water Temp			Comb. Chlorine	0	0
pH Level	7.8	7.2	Other		

Observed violations: Routine

NOTE: SUMMARY OF REGULATION 105 CMR 435.000 ON REVERSE SIDE

Received By: [Signature]

Inspector: [Signature]

**THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON**

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

SWIMMING POOL INSPECTION REPORT

TYPE OF SWIMMING POOL: PUBLIC SEMI-PUBLIC SPECIAL PURPOSE

NAME OF POOL: <i>Wheeler Rec</i>		ADDRESS <i>38 Alcott St</i>	
OWNER: <i>Wheeler Rec</i>		ADDRESS	
DATE OF INSPECTION: <i>8/1/06</i>	POOL CAPACITY # OF GALS.	INSPECTED BY: <i>[Signature]</i>	
METHOD OF WATER TREATMENT: <i>Cl</i>	BATHER LOAD:	# OF LIFEGUARDS <i>3</i>	WATER SOURCE:

Water Sample Taken for bacteriological testing? Yes No

POOLSIDE READINGS					
	SWIMMING	WADING		SWIMMING	WADING
Bromine			Calcium Hardness		
Alkalinity	<i>90</i>	<i>100</i>	Total Chlorine	<i>3</i>	<i>1.5</i>
Cyanuric Acid			Free Chlorine	<i>3</i>	<i>1.5</i>
Water Temp			Comb. Chlorine	<i>0</i>	<i>0</i>
pH Level	<i>7.0</i>	<i>7.4</i>	Other		

Observed violations: *Routine insp*

NOTE: SUMMARY OF REGULATION 105 CMR 435.000 ON REVERSE SIDE

[Signature]
Received By

[Signature]
Inspector

**THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON**

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

SWIMMING POOL INSPECTION REPORT

TYPE OF SWIMMING POOL: PUBLIC SEMI-PUBLIC SPECIAL PURPOSE

NAME OF POOL: <i>Wheeler Lane Rec Pool</i>		ADDRESS <i>38 Alcott St</i>	
OWNER: <i>SAME</i>		ADDRESS <i>SAME</i>	
DATE OF INSPECTION: <i>6/21/06</i>	POOL CAPACITY # OF GALS.	INSPECTED BY: <i>BLR</i>	
METHOD OF WATER TREATMENT: <i>Cl⁻</i>	BATHER LOAD: <i>0</i>	# OF LIFEGUARDS <i>1</i>	WATER SOURCE: <i>AWD</i>

Water Sample Taken for bacteriological testing ? Yes No

POOLSIDE READINGS					
	SWIMMING	WADING		SWIMMING	WADING
Bromine			Calcium Hardness		
Alkalinity		<i>150</i>	Total Chlorine		<i>5.0</i>
Cyanuric Acid			Free Chlorine	<i>3.0</i>	<i>5.0</i>
Water Temp			Comb. Chlorine		<i>φ</i>
pH Level		<i>7.0</i>	Other		

Observed violations:

Vacuum out pool prior to opening

NOTE: SUMMARY OF REGULATION 105 CMR 435.000 ON REVERSE SIDE

[Signature]
Received By

[Signature]
Inspector

D.H. 6/21/06

**THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON**

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

SWIMMING POOL INSPECTION REPORT

TYPE OF SWIMMING POOL: PUBLIC SEMI-PUBLIC SPECIAL PURPOSE

NAME OF POOL: <i>Wheeler Recreation</i>		ADDRESS <i>38 Alcott St.</i>	
OWNER: <i>- same -</i>		ADDRESS <i>same</i>	
DATE OF INSPECTION: <i>6.15.06</i>	POOL CAPACITY # OF GALS.	INSPECTED BY: <i>Umarceau -</i>	
METHOD OF WATER TREATMENT: <i>cl.</i>	BATHER LOAD: <i>0</i>	# OF LIFEGUARDS <i>7</i>	WATER SOURCE: <i>TOWN</i>

Water Sample Taken for bacteriological testing? Yes No

POOLSIDE READINGS			
	SWIMMING	WADING	
Bromine			Calcium Hardness
Alkalinity			Total Chlorine
Cyanuric Acid			Free Chlorine
Water Temp			Comb. Chlorine
pH Level	<i>7.8</i>		Other

Observed violations: *opening inspection*

① *inc. chlorine to 1.5 ppm. -*

② *will call tomorrow w/ results -*

NOTE: SUMMARY OF REGULATION 105 CMR 435.000 ON REVERSE SIDE

[Signature]
Received By

Umarceau -
Inspector

D.H.
6/15/06



133 Great Road
Acton, MA 01720

Proposal

Date	Proposal #
8/5/2005	30

Wheeler Recreation Area Inc.
PO Box 2429
Acton, Ma. 01720

Terms	Due Date for Proposal Acceptance	Project
Payments Outlined	8/19/2005	

Item	Description	Qty	Rate
184945	72Sq' Nautilus Plus Stainless Steel D.E. Filter		1,725.97
261152	2' Multiport Valve DE		175.99
Disposal	Disposal Fee		100.00
<p>This proposal is to upgrade equipment, it includes removal and installation of one filter, the other sand filter is new and does not need replacing.</p> <p>Payment to be made as follows: Deposit due upon acceptance of proposal: \$1000.00 Balance Due: Upon completion of work.</p>			

All material is guaranteed to be as specified. All work to be completed in workmanship manner in accordance with standard practices. Any alteration or deviation from specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and any other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Subtotal	\$2,001.96
Sales Tax (0.0%)	\$0.00
Total	\$2,001.96

Acceptance of Proposal: The above prices, specifications and conditions are satisfactory and hereby accepted. Aquaman Pool and Spa, Inc. is authorized to do the work as specified above. Payment will be made as specified.

Authorized Signature

Customer Signature

Phone #	Fax #	E-mail	Web Site
978-264-2018	978-264-4711	aquaspa@earthlink.net	www.aquamanpoolandspa.com

**THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACTON**

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

SWIMMING POOL INSPECTION REPORT

TYPE OF SWIMMING POOL: PUBLIC SEMI-PUBLIC SPECIAL PURPOSE

NAME OF POOL: Wheeler Rec ADDRESS Alcott St.

OWNER: same - ADDRESS

DATE OF INSPECTION: 7.12.05 POOL CAPACITY # OF GALS. INSPECTED BY: H. Manceau

METHOD OF WATER TREATMENT: cl BATHER LOAD: # OF LIFEGUARDS: (2) WATER SOURCE:

Water Sample Taken for bacteriological testing? Yes No

POOLSIDE READINGS				
	SWIMMING		WADING	
Bromine			Calcium Hardness	
Alkalinity			Total Chlorine	<u>2</u>
Cyanuric Acid			Free Chlorine	<u>2</u>
Water Temp			Comb. Chlorine	
pH Level	<u>7.6</u>	<u>7.6</u>	Other	

Observed violations: Routine inspection

water sample taken 7/11/05 = ∅

NOTE: SUMMARY OF REGULATION 105 CMR 435.000 ON REVERSE SIDE

Raven Edler Received By H. Manceau Inspector

D.H.
7/12/05

Certified Pool / Spa Operator®
Achievement for



Kristin Crosswhite

as an Operator of Aquatic Facilities

CPO® Registration No. 04-119271, is hereby Certified and Reg

by the

NATIONAL SWIMMING POOL FOUNDATION

on

12/13/01
DATE CERTIFIED

Robert Freulich
INSTRUCTOR



John ...
CHAIRMAN

POC# 3026

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

Swimming Pool	\$175
Wading Pool	\$25

Owner Name: WHEELER RECREATION AREA INC.
 Address: 38 ARCOT ST, P.O. BOX 2429, ACTON
 Phone Number: 978-263-3209

Certified Pool
 Operator name: AQUATIC TECH INC.
 Copy of Pool Operator's Certification submitted

Contact Person: ANDY SHEEHAN
 Address: 12 BERRY LA, ACTON
 Phone Number: (H) 978-635-0967 (C) 978-407-5540

Anticipated Date of Pool to Open: 5/29/04
 Anticipated Date of Pool to Close: 9/12/04

Tentative Operating Schedule

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

04-145P
04-04
WADING

American Red Cross
We'll be there.



This recognizes that
LAUREN ECKLER

has completed the requirements for
**Lifeguard Training and Community
First Aid and Safety**

conducted by

ACTON BOXBORO COMM. EDU.

Date completed **07/18/2001**

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
LAUREN ECKLER

has completed the requirements for
First Aid

conducted by

ACTON BOXBOROUGH REG.- H.S.

Date completed **06/19/2003**

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

LAUREN ECKLER

has completed the requirements for
Adult, Infant and Child CPR

conducted by

ACTON BOXBOROUGH REG.- H.S.

Date completed **06/19/2003**

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

RECEIVED

MAY 17 2004

ACTON BOARD OF HEALTH

David M. [unclear]

Chairman, American Red Cross

Instructor's Signature

Joseph F. Marchisio

Chapter

American Red Cross
of Massachusetts Bay

Holder's Signature

Shirah Reed

Cert. 653999 (Rev. Oct. 2001)

David M. [unclear]

Chairman, American Red Cross

Instructor's Signature

Joseph F. Marchisio

Chapter

American Red Cross
of Massachusetts Bay

Holder's Signature

Shirah Reed

Cert. 653999 (Rev. Oct. 2001)



Thomas R. Agutter
 Chairman, American Red Cross
 Instructor's Signature

Joseph J. Dan
 Chapter
 AMERICAN RED CROSS
 OF MASSACHUSETTS BAY
 Holder's Signature



Cert. 653999 (Rev. Feb. 1999)



David W. Lundy
 Chairman, American Red Cross
 Instructor's Signature

Joseph F. Marashio
 Chapter
 American Red Cross
 of Massachusetts Bay
 Holder's Signature

Cert. 653999 (Rev. Oct. 2001)

David W. Lundy
 Chairman, American Red Cross
 Instructor's Signature

Joseph F. Marashio
 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
SHIVEH REED
has completed the requirements for
Community First Aid and Safety
conducted by
ACTON BOXBOROUGH REG.- H.S.
Date completed **05/30/2003**
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
SHIVEH REED
has completed the requirements for
Adult, Infant and Child CPR
conducted by
ACTON BOXBOROUGH REG.- H.S.
Date completed **05/30/2003**
The American Red Cross recognizes this certificate
as valid for **1** year(s) from completion date.



StarGuard, Professional Lifeguard Course Completion Authorization

Starfish Aquatics Institute 5414

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

Last Name Ahern First Name Peter Middle Initial L

Street Address 4 Phalen street

City Acton State MA Country USA Zip Code 01720

Home Phone (978) 264-4620 Work Phone () N/A Male Female

Date of Birth 05/03/87 Email address Skellington5@hotmail.com

Location where you took your training Harvard Ridge Pool Course completion date 7/17/2003

New Student Renewal Crossover or Replacement card. Completion date of original training:

List the location where you will be working (if known) N/A

Statement of Understanding:

I understand the training requirements for the StarGuard course and/or the star guard enhanced 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 my skills must be evaluated annually to renew my authorization. Student Signature Peter Ahern Date 7/17/03

Course Evaluation: Please rate the following elements. 5 = excellent/strongly agree.

Additional comments are encouraged and appreciated. Please use back of top copy.

Table with 5 columns (5, 4, 3, 2, 1) and 7 rows of evaluation items with checkboxes.

Constant and dedicated surveillance was provided during all water sessions. Yes No

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

What would you suggest for improvement? N/A

Have you previously completed a lifeguard training course No Yes - Which course?

To be completed by Instructor:

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

Signature Carol Fosdick Instructor Number 033 Course Completion Date 7/17/03

StarGuard is a professional lifeguard program that meets the requirements to be considered an equivalent of nationally recognized lifeguard training courses...

- Designations must match original Authorization form at national office. Emergency Oxygen, Waterpark/Play Features, AED, Wilderness Only, Wilderness plus Pool StarGuard, Waterfront, Triathlon Only, Triathlon plus Pool StarGuard



AMERICAN SAFETY & HEALTH INSTITUTE STARFISH AQUATICS INSTITUTE

Peter Ahern Name



Professional Lifeguard Institute certification for: CPR Professional Rescuer First Aid-Universal Bloodborne Pathogen

Authorization Number 5414 Instructor Number 33

Valid thru 7/17/04 COURSE COMPLETION CARD

**American
Red Cross**
We'll be there.



This recognizes that
COURTNEY MC FARLANE
has completed the requirements for
**CPR for the Professional Rescuer
(ECC 2000)**
conducted by
THOREAU CLUB
Date completed **02/22/2002**
The American Red Cross recognizes this certificate
as valid for **1** year(s) from completion date.

**American
Red Cross**
We'll be there.



This recognizes that
COURTNEY MC FARLANE
has completed the requirements for
Lifeguard Training and First Aid
conducted by
THOREAU CLUB
Date completed **02/22/2002**
The American Red Cross recognizes this certificate
as valid for **3** year(s) from completion date.



**American
Red Cross**
We'll be there.

This recognizes that
Christina MacFadden
has completed the requirements for
CPR / AED FOR THE
PROFESSIONAL RESCUER
conducted by
A.R.C. OF NORTHEASTERN N.Y.
Date completed *5-27-03*
The American Red Cross recognizes this certificate
as valid for *1* year(s) from completion date.

Wendy Boyson
264-9080



Together, we can save a life

This recognizes that
GREG HODGMAN
has completed the requirements for
Lifeguard Training and First Aid
conducted by
CAMP THOREAU CLUB
Date completed **04/25/2003**
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
GREG HODGMAN
has completed the requirements for
CPR for the Professional Rescuer
conducted by
CAMP THOREAU CLUB
Date completed **04/25/2003**
The American Red Cross recognizes this certificate
as valid for **1** year(s) from completion date.

Renewing in
March



Together, we can save a life

This recognizes that
GREG HODGEMAN
has completed the requirements for
Adult, Infant and Child CPR
conducted by
ACTON BOXBOROUGH REG.- H.S.
Date completed **02/01/2003**
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
GREG HODGEMAN
has completed the requirements for
Community First Aid and Safety

American
Red Cross



Together, we can save a life

This recognizes that
GREG HODGMAN
 has completed the requirements for
Lifeguard Training and First Aid
 conducted by
CAMP THOREAU CLUB
 Date completed **04/25/2003**
 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
GREG HODGEMAN
 has completed the requirements for
Community First Aid and Safety
 conducted by
ACTON BOXBOROUGH REG.- H.S.
 Date completed **02/01/2003**
 The American Red Cross recognizes this certificate
 as valid for **3** year(s) from completion date.



AMERICAN SAFETY & HEALTH INSTITUTE

This certifies that
Gregory Hodgman

has successfully completed a course in

- Pediatric CPR
- Adult CPR
- Adult/Pediatric CPR

CPR TRAINING COMPLETION CARD
VOID IF MORE THAN ONE COURSE CHECKED

[Signature]

Chairman, American Red Cross

Instructor's Signature

[Signature]

Chapter

American Red Cross
of Massachusetts Bay

Holder's Signature

Greg Hodgman

Cert. 653999 (Rev. Oct. 2001)

[Signature]

Chairman, American Red Cross

Instructor's Signature

Chapter

American Red Cross
of Massachusetts Bay

Holder's Signature

Greg Hodgman

Cert. 653999 (Rev. Oct. 2001)

CPR SUBCOMMITTEE APPROVED COMPLETION CARD
Boxboro Professional Firefighters

Instructor/Facilitator (Print Name)

Greg Hodgman

Holder's Signature

04-02-04

April 2006

Date Completed

Renewal Date

[Signature]

Training Agency Note

This program follows the most current cardiopulmonary resuscitation research and guidelines available for emergency cardiac care. This card does not guarantee future CPR or first aid performance by the holder nor imply any licensure. For comments or concerns, call ASH Institute, (800) 246-5101, www.ashinstitute.com.

American
Red Cross



Together, we can save a life

This recognizes that
TIM SULLIVAN
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)

This card expires in 2 months. I am enrolled in a class to get it renewed. I will send the copy of the new card when I receive it. Tim



Together, we can save a life

This recognizes that
TIM SULLIVAN
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.

A handwritten signature in black ink, appearing to read "David M. Boyle".

Chairman, American Red Cross

Instructor's Signature

A handwritten signature in black ink, appearing to read "James Crosby".

Chapter

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

American
Red Cross

Together, we can save a life

This recognizes that
TIM SULLIVAN
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
TIM SULLIVAN
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.

**American
Red Cross**



Together, we can save a life

This recognizes that
TIMOTHY SULLIVAN
has completed the requirements for
Community First Aid and Safety
conducted by
ACTON BOXBOROUGH REG.- H.S.
Date completed **02/01/2003**
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)

