

APPLICATION FOR PUBLIC SWIMMING POOL OPERATION PERMIT

POOL INFORMATION:

Name of public swimming pool: _____

Street address of pool location: _____

City: _____ County: _____

- Type of public swimming pool: *(check one)*
- Swimming pool
 - Wading pool
 - Spa
 - Other *(describe)* _____

- Date constructed or remodeled: *(check one)*
- Before May 1, 1993
 - May 1, 1993 or later

Dates of operation: opening date _____ closing date _____

Hours of operation: opening time _____ closing time _____

OWNER INFORMATION

Name of owner: _____

Mailing address: _____

Contact person: _____ Telephone: _____

OPERATOR (On-Site Manager) INFORMATION:

Name of pool operator: _____

Address: _____

Telephone Number: _____

Pool operator trained by: _____

(Certificate Number: _____)

APPLICATION SUBMITTED BY:

Owner or operator: _____
Signature *Typed or printed name*

Date: _____

Purpose: General Statute 130A-282 requires the Commission for Health Services to adopt rules governing public swimming pools. The rules in 15A NCAC 18A .2500 require the owner or operator to apply annually for an operation permit for each public swimming pool. This form is to allow owners or operators of public swimming pools to apply for permits. Preparation: The information requested on this form is to be completed by the pool owner or a designated representative of the owner. **The completed application is submitted to the local health department for the county in which the public swimming pool is located.** A separate application must be completed for each public swimming pool. Copies: Original to be maintained at the local health department. Disposition: Please refer to Records Retention and Disposition Schedule 8.B.6., for County/District Health Departments which are published by the North Carolina Division of Archives & History. Reorder: Additional forms may be ordered from: Division of Environmental Health, Department of Environment and Natural Resources, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)

Pool Drain Safety Compliance Data
PERMIT CANNOT BE ISSUED IF FORM IS INCOMPLETE

A separate form is required for each pump including circulation, jet or feature.

Name of Pool _____ ID# _____

1. Pump Flow

Pump Manufacturer _____ Model # _____ Horsepower _____

Maximum Pump Flow at highest speed **FROM PUMP CURVE**: _____ gpm. Pump use: Circulation Jet Feature

Has pump been serviced (disconnected from power for any reason) or changed out in last 12 months? YES NO

Flow meter manufacturer _____ Flow meter reading _____ GPM

2. Drain Sump Measurements Is drain cover sumpless? YES NO (if Yes, proceed to section #3)

Sump manufacturer and model _____ OR: Field built sump Yes No

Diameter of pipe entering sump _____ inches. Pipe enters through: BOTTOM of Sump SIDE of sump

Distance between highest point of outlet pipe and top edge of sump _____ inches. Sump dimensions _____

3. Drain Cover Data – MUST BE INSTALLED PER MANUFACTURER’S INSTRUCTIONS- Attach Instructions to form.

Number of main drains on each pump _____ Distance between main drains (on centers) _____ feet _____ inches

Cover/grate manufacturer : _____, model _____, VGBA approval: 2008 2017

Maximum flow rating of cover/grate: _____ gpm Cover(s) located on pool: Floor Wall

Date installed _____ Lifespan _____ **EXPIRATION DATE** _____

4. Equalizer Covers

Number of operable skimmer equalizers _____ Have the equalizers been permanently disabled? YES NO

Equalizer fitting Manufacturer _____, Model _____, Lifespan _____

Bulkhead adaptor Manufacturer _____, Model _____, Date Installed _____

Diameter of equalizer pipe _____ Cover is located on: Floor Wall

Equalizer fitting maximum flow rating _____ gpm.

Date equalizer cover/grates installed _____ **EXPIRATION DATE:** _____

5. Safety Vacuum Release System (SVRS) –Safety Vacuum Release System manufacturer/model# - _____

You will be required to demonstrate effectiveness during permitting inspection. Date last tested _____

6. Vacuum Line (Choose One)

No vacuum line in pool **OR**

Protective cover on vacuum lines installed before May 1, 2010 **OR**

Self-closing, self-latching cover designed to be opened with a tool on vacuum lines installed after May 1, 2010

Full name of person providing this information _____

Signature _____ Date _____