## N.C. Department of Health and Human Services Division of Public Health Environmental Health Section

## APPLICATION FOR PUBLIC SWIMMING POOL OPERATION PERMIT

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) INFORMAT	TION:	
Name of pool operator:		
Address:		
Telephone Number:		
Pool operator trained by:		
	Certificate Number:	
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APPLICATION SUBMITTED BY:		
Owner or operator:		
Signature	Typed or printed name Date :	

Purpose: General Statute 130A-282 requires the Commission for Public Health 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: Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632. (Courier 52-01-00)

## Pool Drain Safety (VGB) Compliance Data PERMIT CANNOT BE ISSUED IF FORM IS INCOMPLETE A separate form is required for each pumping system.

Name of Pool
Address
1. Pump Flow Pump Manufacturer Model #Horsepower
Maximum Pump Flow. Maximum flow rate <u>from pump curve</u> : gpm. (Provide supporting evidence if flow reduction)
<ol> <li>Drain Sump Measurements This is the area under the floor drains, if field built sump may need to remove drain cover o time to measure. (Check here if sumpless, then proceed to next section)</li> </ol>
Sump shape: Round- width:inches diameter; OR Squareinches Xinches
Sump minimum depth inches Diameter of outlet pipe in sump inches
Distance of top (inside) of outlet pipe from bottom of cover/grate inches
Sump manufacturer and model # if available
3. <u>Drain Cover/Grate Data</u> Number of drains on each pump Distance between drains (on centers)
Cover/grate manufacturer, model, Lifespan:
Maximum flow rating of cover/grategpm (floor);gpm (wall)
Date drain cover/grates installed:EXPIRATION DATE:
4. Equalizer Covers  Number of operable skimmer equalizers OR Have the equalizers been disabled? YES/NO
Equalizer fitting Manufacturer, model, Lifespan
Equalizer fitting maximum flow rating
Date equalizer cover/grates installed:EXPIRATION DATE:
5. Safety Vacuum Release System (SVRS) – SVRS required if dual drains are closer than 3 feet on center or pump has a single drain with blockable cover or sump.
Safety Vacuum Release System manufacturer -
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
SignatureDate

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