



Public Swimming Pool Equipment Change/Renovation

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Submission Requirements

Please provide the requested information below as applicable. Attach an updated Pool Drain Safety Compliance (PDSC) form with new equipment information and all applicable manufacturer product information sheets with submittal.

Pool renovation or repair may require permits from Union County Code Enforcement. It is the responsibility of the applicant to obtain all required permits for work performed at the swimming pool.

Pool Information

Pool Name: _____ Pool ID Number: _____
Pool Address: _____ City: _____ State: _____ Zip: _____
Owner/Permittee: _____ Phone: (____) _____
E-Mail: _____

Description of Work

Contractor Contact Information

Name: _____ Company: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ E-Mail: _____

Pool Data

Pool Perimeter (ft):	Pool Surface Area (sq. ft):	Pool Volume (gallons):	Required Turnover Rate (gpm):

Pump Information

Existing filtration pump(s):
Pump Manufacturer: _____ Model #: _____ HP: _____
Maximum Pump Flow (flow rate from manufacturer' s pump curve): _____ gpm
Number of pumps on pumping system: _____
VFD installed: YES NO

Proposed filtration pump(s):
Pump Manufacturer: _____ Model #: _____ HP: _____
Maximum Pump Flow (flow rate from manufacturer' s pump curve) _____ gpm
Number of pumps on pumping system: _____
VFD installed: YES NO

***** Provide manufacturer's pump curve for existing and proposed replacement pumps. *****
*** Provide NEW PDSC form. Approved supporting evidence for flow reductions must be provided. ***

Pump Information Cont.

Existing installed feature pump(s):

Pump Manufacturer: _____ Model #: _____ HP: _____

Maximum Pump Flow (flow rate from manufacturer' s pump curve): _____ gpm

Number of pumps on pumping system: _____

VFD installed: YES NO**Proposed feature pump(s):**

Pump Manufacturer: _____ Model #: _____ HP: _____

Maximum Pump Flow (flow rate from manufacturer' s pump curve) _____ gpm

Number of pumps on pumping system: _____

VFD installed: YES NO**Existing lazy river pump(s):**

Pump Manufacturer: _____ Model #: _____ HP: _____

Maximum Pump Flow (flow rate from manufacturer' s pump curve): _____ gpm

Number of pumps on pumping system: _____

VFD installed: YES NO**Proposed lazy river pump(s):**

Pump Manufacturer: _____ Model #: _____ HP: _____

Maximum Pump Flow (flow rate from manufacturer' s pump curve) _____ gpm

Number of pumps on pumping system: _____

VFD installed: YES NO***** Provide manufacturer's pump curve for existing and proposed replacement pumps. ********** Provide NEW PDSC form. Must provide approved supporting evidence for flow reductions. *****

Filter

Number of filters presently installed: _____ Manufacturer: _____ Model #: _____

Proposed number of filters to be installed: _____ Manufacturer: _____ Model #: _____

*****Provide manufacturer's product specification sheets*****

Pipe sizes (in equipment room)

Filtration:

Main Drain: _____ Skimmers: _____ Return: _____

Feature:

Main Drain: _____ Skimmers: _____ Return: _____

Other: _____

Main Drain: _____ Skimmers: _____ Return: _____

Main Drain Covers

Filtration:

Number of main drains on same pumping system _____

Drain cover/grate manufacturer: _____ Model #: _____

Maximum flow rating of cover/grate: _____ gpm (floor); _____ gpm (wall)

Feature:

Number of main drains on same pumping system _____

Drain cover/grate manufacturer: _____ Model #: _____

Maximum flow rating of cover/grate: _____ gpm (floor); _____ gpm (wall)

Other:

Number of main drains on same pumping system _____

Drain cover/grate manufacturer: _____ Model #: _____

Maximum flow rating of cover/grate: _____ gpm (floor); _____ gpm (wall)

Sump Information

Sumpless: YES NO Field Built YES NO Manufactured Sump YES NO
("yes" proceed to SKIMMERS)

Sump size (inside dimensions): _____ inches diameter (if round) **or** _____ inches by (X) _____ inches (if square)

Sump minimum depth: _____ inches Diameter of suction outlet pipe to pump: _____ inches

Distance of top (inside) of suction outlet pipe from bottom of cover/grate: _____ inches

Sump Manufacturer: _____ Model #: _____

Skimmers

Number of Skimmers: _____ Manufacturer: _____ Model #: _____

Equalizer Covers

Have the equalizers been disabled? Yes No Number of operable skimmer equalizers _____

Equalizer fitting manufacturer: _____ Model #: _____

Maximum flow rating (gpm) _____

Inlet/Return Fittings

Fitting manufacturer: _____ Model #: _____ Manufacturer flow rating: _____

Number of Returns installed: _____

Pool Materials of Construction 15A NCAC 18A .2514

Vinyl liner replacement no less than 60 mil thick - Provide documentation on material

Pool finish shall be white or light colored material.

Fence, Gates and Doors

When repairing or replacing fence please provide cross section of fence drawn to scale.

Percentage of repair: _____

Describe repair : _____

Deck

Increasing deck space

Decreasing deck space

Deck replacement

**** Submit deck plans drawn to scale. Deck to meet Rule .2522 and .2537 of the NC Public Swimming Pool Rules ****

Restroom Renovation (Dressing and Sanitary Facilities) 15A NCAC 18A .2526

Number of fixtures: Male Users: _____ Female Users: _____ Family: _____

Partitions material: _____

Floor material: _____ Floor finish: _____

Mirrors shatterproof Yes No