

Contact Information for Billing.

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

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: Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)

EHS 3961 (Revised 7/12)



## Pool Drain Safety (VGBA) Compliance Data Sheet

T 704.283.3553

**POOL INFORMATION**

Name of Pool: \_\_\_\_\_ ID# \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\*\*PERMIT CANNOT BE ISSUED IF FORM IS INCOMPLETE\*\*\***

**Pump System Flow - Must submit a form for each pumping system**

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

Pump Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_ HP \_\_\_\_\_

Maximum Pump Flow at highest speed from PUMP CURVE \_\_\_\_\_ gpm. Pump use: \_\_\_\_\_

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

Flow meter manufacturer \_\_\_\_\_ Flow meter reading \_\_\_\_\_ gpm

\*\*\*Must provide supporting evidence for flow reduction\*\*\*

**Drain Sump Measurements**

Is drain cover sumpless?  Yes  No (if yes proceed to Drain Cover Data)

Sump manufacturer and model \_\_\_\_\_ OR: Field built sump  Yes  No

Diameter of pipe entering sump \_\_\_\_\_ inches. Pipe enters through  BOTTOM /  SIDE

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

**Drain Cover Data - MUST BE INSTALLED PER MANUFACTURER'S INSTRUCTIONS- Attach Instructions to form**

Number of main drains on each pumping system \_\_\_\_\_ Distance between drains (on center) \_\_\_\_\_ inches

Drain cover/grate manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

VGBA approval  2008 /  2017 (check one)

Maximum flow rating of cover/grate: \_\_\_\_\_ gpm, Cover(s) located on pool:  Floor /  wall (check one)

Date installed: \_\_\_\_\_ Lifespan: \_\_\_\_\_ **Expiration date:** \_\_\_\_\_

**Equalizer Covers**

Number of operable skimmer equalizers \_\_\_\_\_ OR Have the equalizers been disabled?  Yes  No

Equalizer fitting manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

Bulkhead adaptor Manufacturer \_\_\_\_\_ Model #: \_\_\_\_\_, Date Installed \_\_\_\_\_

Diameter of equalizer pipe \_\_\_\_\_ Cover is located on (circle where mounted):  Floor /  wall (check one)

Maximum flow rating(gpm) \_\_\_\_\_

Date installed: \_\_\_\_\_ Lifespan: \_\_\_\_\_ **Expiration date:** \_\_\_\_\_

**Safety Vacuum Release System (SVRS)**

Safety Vacuum Release System manufacturer/model# - \_\_\_\_\_

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

**Vacuum line**

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

Name of person completing \_\_\_\_\_ Title \_\_\_\_\_

(PRINT)

Signature \_\_\_\_\_ Date \_\_\_\_\_