

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flow meter manufacturer _____ Flow meter reading _____ gpm
Must provide supporting evidence for flow reduction
Drain Sump Measurements
Is drain cover sumpless? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes proceed to Drain Cover Data)
Sump manufacturer and model _____ OR: Field built sump <input type="checkbox"/> Yes <input type="checkbox"/> No
Diameter of pipe entering sump _____ inches. Pipe enters through <input type="checkbox"/> BOTTOM / <input type="checkbox"/> 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 <input type="checkbox"/> 2008 / <input type="checkbox"/> 2017 (check one)
Maximum flow rating of cover/grate: _____ gpm, Cover(s) located on pool: <input type="checkbox"/> Floor / <input type="checkbox"/> wall (check one)
Date installed: _____ Lifespan: _____ Expiration date: _____
Equalizer Covers
Number of operable skimmer equalizers _____ OR Have the equalizers been disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Equalizer fitting manufacturer: _____ Model #: _____
Bulkhead adaptor Manufacturer _____ Model #: _____, Date Installed _____
Diameter of equalizer pipe _____ Cover is located on (circle where mounted): <input type="checkbox"/> Floor / <input type="checkbox"/> 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
<input type="checkbox"/> No vacuum line in pool OR
<input type="checkbox"/> Protective cover on vacuum lines installed before May 1, 2010 OR
<input type="checkbox"/> 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 _____



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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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Flow meter manufacturer _____	Flow meter reading _____ gpm
Must provide supporting evidence for flow reduction	
Drain Sump Measurements	
Is drain cover sumpless? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes proceed to Drain Cover Data)	
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(PRINT)	
Signature _____	Date _____