

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: _____
<b>***PERMIT CANNOT BE ISSUED IF FORM IS INCOMPLETE***</b>
<b>Pump System Flow - Must submit a form for each pumping system</b>
<b>(A separate form is required for each pump including circulation, jet or feature)</b>
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***
<b>Drain Sump Measurements</b>
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 _____
<b>Drain Cover Data - MUST BE INSTALLED PER MANUFACTURER'S INSTRUCTIONS- Attach Instructions to form</b>
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: _____ <b>Expiration date:</b> _____
<b>Equalizer Covers</b>
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: _____ <b>Expiration date:</b> _____
<b>Safety Vacuum Release System (SVRS)</b>
Safety Vacuum Release System manufacturer/model# - _____
You will be required to demonstrate effectiveness during permitting inspection. Date last tested _____
<b>Vacuum line</b>
<input type="checkbox"/> No vacuum line in pool <b>OR</b>
<input type="checkbox"/> Protective cover on vacuum lines installed before May 1, 2010 <b>OR</b>
<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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