Date Rec'd. _____

Fee Paid _____

Initials _____

Craven County Health Department
Division of Environmental Health
2818 Neuse Boulevard, PO Box 12610
New Bern, NC 28561
Telephone (252) 636-4936 Fax (252) 636-1474

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 _____

Operator Address _____

Operator Telephone _____

Pool Operator Training: (check one)

- ☐ National Swimming Pool Foundation
  Certificate Number: _____
- ☐ Other (please specify) _____

APPLICATION SUBMITTED BY:

Owner or operator _____ _____

Signature *Typed or Printed Name*

Date _____

INSTRUCTIONS

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 alow 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 for County/District Health Departments which are published by the North Carolina Division of Historical Resources.

Craven County Health Department
Division of Environmental Health
Data Sheet for Existing Public Swimming Pool

1. General Pool Information:
Pool Dimensions _____
Pool Volume _____
Surface Area _____
Bather Load _____

2. Pool Structure:
[ ] Gunite
[ ] Concrete
[ ] Fiberglass
[ ] Other (specify) _____
[ ] Rounded Corners
Number of Main Drains _____
Size of Grate _____
Number of Returns/Inlets _____
Located in wall _____ # Located in floor _____
Size of pipe _____
Number of Skimmers _____
Make _____
Model # _____
Number of Outlet Drains _____
[ ] Hair and Lint Catcher

3. Circulation Pump:
Make _____
Model # _____
H. P. _____

3. Filter:
[ ] Sand [ ] DE [ ] Cartridge
Make _____
Model # _____
Circulation Rate (GPM) _____
[ ] Pressure Gauge
[ ] Sight Glass
[ ] Flow Meter
[ ] Pool Heater
Air relief valve: [ ] Automatic [ ] Hand Open
Turnover Rate (hours) _____

5. Fill Spout:
Location _____
Size of Pipe _____
Other Method _____
Water Source _____

6. Automatic Chemical Feed:
Type _____
Make _____
Model # _____

7. Chemical Storage Area:
[ ] Mechanical or Cross-Ventilated
[ ] Storage Shelving, Dollies or Pallets Provided

8. Equipment Room:
[ ] Weatherproof Building
[ ] Well Ventilated
[ ] Floor Drain to Sanitary Sewer
[ ] Floor ¼" Slope to Drain
Ceiling Height (feet) _____

9. Deck:
Type _____
Finish _____
Minimum Width (feet) _____
Slope _____
Number of Ladders _____
[ ] Deck Drain
[ ] Hose Bib
[ ] Depth Markers
[ ] Diving Boards

10. Safety Equipment:
[ ] Underwater Lighting
[ ] Deck Lighting
[ ] Emergency Telephone with Required Signage
[ ] Ring Buoy with Rope
[ ] Shepherd's Crook

11. Fence:
[ ] Height ≥ 4 Feet
[ ] Openings < 4 Inches
[ ] Self-Closing Doors with Locking Devices
Describe Fencing Detail and Release of Self-latching Doors _____
_____
_____

12. Bathhouse/Toilet Room:
Number of Toilets Female _____
Number of Lavatories Female _____
Number of Toilets Male _____
Number of Urinals _____
Number of Lavatories Male _____
Number of Showers _____
Water Temperature at Lavatories/Shower _____

13. Wading Pool:
[ ] Located at Shallow End of Pool
[ ] Fence Height ≥ 4 Feet

14. Spa:
[ ] Spa Timer 15 Minutes Maximum
[ ] Spa Drains ≥ 3 Feet Apart or on Two Planes

16. Wastewater Disposal:
Sewage to _____
Pool Overflow and Backwash to _____

Form Completed By: _____ _____
(Name/Title) (Date)