

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 Public Health 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)

**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)
<input type="checkbox"/> Pressure Gauge		
<input type="checkbox"/> Sight Glass		
<input type="checkbox"/> Flow Meter		
<input type="checkbox"/> 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 1/4" 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)

## **Instructions for Completion of the Pool Drain Safety Compliance Data Form**

Please review the instructions below to ensure the Pool Drain Safety Compliance Data form is properly completed and all required information required. All components must be approved and field verified by the Health Department prior to the issuance of an operation permit in accordance with Rule .2539(c).

### **A FORM FOR EACH PUMPING SYSTEM MUST BE PROVIDED.**

1. **PUMP FLOW** – Enter the maximum flow from the manufacturer’s pump performance curve. For variable speed pumps, enter the maximum flow at the highest speed. If a flow reduction is requested, attach required documentation. A functioning flow meter will be required to permit a pool with a flow reduction.
2. **DRAIN SUMP MEASUREMENTS** – Measurements are needed to determine the size of the cover/grate and to assure the sump is deep and wide enough to meet the requirements in the cover/grate manufacturer’s specifications.
3. **DRAIN COVER/GRATE DATA** – Enter the manufacturer, model, lifespan expiration date and maximum flow for the main drain cover(s). For VGBA 2017 covers, attach a copy of the flow rate chart.
4. **EQUALIZER COVERS** – Enter the number of operable equalizer line covers, the manufacturer, model, lifespan expiration date and maximum flow for the equalizer covers. Provide bulkhead adaptor information. If all equalizer lines are disabled or pool has no equalizer lines, please provide details on the form.
5. **SAFETY VACUUM RELEASE SYSTEM (SVRS)** – SVRS is required if dual drains are closer than 3 feet on center or pump has a single drain with a blockable cover or blockable sump. Enter the manufacturer of the safety vacuum release system (SVRS). SVRS must be tested according to manufacturer’s instructions, provide date of last test. If using other secondary method of preventing bather entrapment per Rule .2539(b), please attach documentation.
6. **VACUUM LINE** – If vacuum line ports are present in the pool, please indicate the type of cover(s) on the form.

**FORM COMPLETION – A separate Pool Drain Safety Compliance Data form must be completed and submitted for each individual pool at a facility including spas, wading pools, and other pools.**

**The Health Department understands that the required information and/or measurements may be beyond the scope of owners or operators. In those cases, it is recommended that you contact a Registered Design Professional (Professional Engineer or Licensed Architect) or a knowledgeable pool professional to assist you in completing the form.**

**Pool Drain Safety Compliance Data**  
**PERMIT CANNOT BE ISSUED IF FORM IS INCOMPLETE**

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

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

1. **Pump Flow**

Pump Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_ Horsepower \_\_\_\_\_

Maximum Pump Flow at highest speed **FROM PUMP CURVE**: \_\_\_\_\_ gpm. Pump use: Circulation / jet / feature (circle one)

Has pump been serviced (disconnected from power for any reason) or changed out in last 12 months? YES / NO

Flow meter manufacturer \_\_\_\_\_ Flow meter reading \_\_\_\_\_ GPM

2. **Drain Sump Measurements** Is drain cover sumpless? YES/NO (if Yes, proceed to section #3)

Sump manufacturer and model \_\_\_\_\_ OR: Field built sump (circle if yes)

Diameter of pipe entering sump \_\_\_\_\_ inches. Pipe enters through BOTTOM /SIDE of sump (Must circle one)

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

3. **Drain Cover Data – MUST BE INSTALLED PER MANUFACTURER’S INSTRUCTIONS- Attach Instructions to form.**

Number of main drains on each pump \_\_\_\_\_ Distance between main drains (on centers) \_\_\_\_\_ feet \_\_\_\_\_ inches

Cover/grate manufacturer \_\_\_\_\_, model \_\_\_\_\_, VGBA approval 2008 / 2017 (circle one)

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

Date installed \_\_\_\_\_ Lifespan \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_

4. **Equalizer Covers**

Number of *operable* skimmer equalizers \_\_\_\_\_ Have the equalizers been permanently disabled? YES / NO

Equalizer fitting Manufacturer \_\_\_\_\_, Model \_\_\_\_\_, Lifespan \_\_\_\_\_

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

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

Equalizer fitting maximum flow rating \_\_\_\_\_ gpm.

Date equalizer cover/grates installed \_\_\_\_\_ **EXPIRATION DATE**: \_\_\_\_\_

5. **Safety Vacuum Release System (SVRS)** –Safety Vacuum Release System manufacturer/model# - \_\_\_\_\_

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

6. **Vacuum Line** Choose One

\_\_\_\_\_ 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

Full name of person providing this information \_\_\_\_\_

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