

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 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 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:

Gunitite
 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 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 \geq 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 \geq 4 Feet

14. Spa:

Spa Timer 15 Minutes Maximum
 Spa Drains \geq 3 Feet Apart or on Two Planes

16. Wastewater Disposal:

Sewage to _____
Pool Overflow and Backwash to _____

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

Pool Drain Safety (VGB) Compliance Data
PERMIT CANNOT BE ISSUED IF FORM IS INCOMPLETE

A separate form is required for each pumping system.

Name of Pool _____

Address _____

1. Pump Flow

Pump Manufacturer _____ Model # _____ Horsepower _____

Maximum Pump Flow. Maximum flow rate *from pump curve*: _____ gpm. (Provide supporting evidence if flow reduction)

2. **Drain Sump Measurements** This is the area under the floor drains, if field built sump may need to remove drain cover one time to measure. (Check here if sumpless _____, then proceed to next section)

Sump shape: Round- width: _____ inches diameter; **OR** Square- _____ inches X _____ inches

Sump minimum depth _____ inches Diameter of outlet pipe in sump _____ inches

Distance of top (inside) of outlet pipe from bottom of cover/grate _____ inches

Sump manufacturer and model # if available _____

3. Drain Cover/Grate Data

Number of drains on each pump _____ Distance between drains (on centers) _____

Cover/grate manufacturer _____, model _____, Lifespan: _____

Maximum flow rating of cover/grate _____ gpm (floor); _____ gpm (wall)

Date drain cover/grates installed: _____ **EXPIRATION DATE:** _____

4. Equalizer Covers

Number of *operable* skimmer equalizers _____ **OR** Have the equalizers been disabled? YES / NO

Equalizer fitting Manufacturer _____, model _____, Lifespan _____

Equalizer fitting maximum flow rating _____

Date equalizer cover/grates installed: _____ **EXPIRATION DATE:** _____

5. **Safety Vacuum Release System (SVRS)** – SVRS required if dual drains are closer than 3 feet on center or pump has a single drain with blockable cover or sump.

Safety Vacuum Release System manufacturer - _____

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 _____

Instructions for Completion and Submission of Pool Drain Safety Compliance Data Form

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

POOLS WITH MULTIPLE PUMPING SYSTEMS MUST SUBMIT A FORM FOR EACH PUMPING SYSTEM.

1. **PUMP FLOW** – Enter the maximum flow from the manufacturer’s pump performance curve. Pump curves can be found online at <http://ehs.ncpublichealth.com/faf/pti/drainsafety.htm> and <http://charmeck.org/mecklenburg/county/HealthDepartment/EnvironmentalHealth/PublicSwimmingPools/Pages/default.aspx>
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. Information on documenting the size of the drain sump can be found at: <http://ehs.ncpublichealth.com/faf/pti/drainsafety.htm>
3. **DRAIN COVER/GRATE DATA** – Enter the manufacturer, model, lifespan expiration date and maximum flow for the main drain cover(s). Various approved covers can be found under *VGB Approved Drain Covers and Equalizer Covers* listed at the following website: <http://charmeck.org/mecklenburg/county/HealthDepartment/EnvironmentalHealth/PublicSwimmingPools/Pages/default.aspx> or at the drain cover manufacturer’s website.
4. **EQUALIZER COVERS** – Enter the number of operable equalizer line covers, the manufacturer, model, lifespan expiration date and maximum flow for the equalizer covers. Various approved covers can be found under *VGB Approved Drain Covers and Equalizer Covers* listed at the following website: <http://charmeck.org/mecklenburg/county/HealthDepartment/EnvironmentalHealth/PublicSwimmingPools/Pages/default.aspx> or at the equalizer cover manufacturer’s website. If all equalizer lines are disabled or pool has no equalizer lines, please indicate and 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). If using another secondary method of preventing bather entrapment allowed in 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.