

N.C. Department of Environment and Natural Resources

Division of Environmental Health

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: Division of Environmental Health, Department of Environment and Natural Resources, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)

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.

Pool and Spa Inspection Checklist

Signs

Swimming Pools

- WARNING- NO LIFEGUARD ON DUTY-** letters at least 4" high
- CHILDREN SHOULD NOT USE THE SWIMMING POOL WITHOUT ADULT SUPERVISION-** letters 1" high
- ADULTS SHOULD NOT SWIM ALONE-** letters 1" high
- POOL CLOSED** (for use when closed)
- The location of the emergency phone if not clearly visible from the pool (Dialing instructions, address of the pool and telephone number located at the emergency phone)
- A sign prohibiting pets and glass containers
- Sign directing pool users to shower before entering pool
- NO DIVING** markers on pool deck where water is less than 5 feet deep; no greater than 25 feet apart; letters at least 4" high; contrasting color to background OR 6 inch by 6 inch international symbol in red and black on a white background

Wading Pools

- WARNING- NO LIFEGUARD ON DUTY-** letters at least 4" high
- WARNING TO PREVENT SERIOUS INJURY DO NOT ALLOW CHILDREN IN WADING POOL IF DRAIN COVER IS BROKEN OR MISSING-** letters at least ½" high (if pool has only one main drain)
- POOL CLOSED** (for use when closed)
- Sign directing pool users to shower before entering pool
- The location of the emergency phone if not clearly visible from the pool (no minimum letter size)

Spas

- CAUTION** – "Pregnant women; elderly persons; and persons suffering from heart disease, diabetes, or high or low pressure should not enter the spa/hot tub without prior medical consultation and permission from their doctor
 - Do not use the spa/hot tub while under the influence of alcohol, tranquilizers, or other drugs that cause drowsiness or that raise or lower blood pressure;
 - Do not use alone;
 - Unsupervised use by children is prohibited;
 - Enter and exit slowly;
 - Observe reasonable time limits (that is, 10-15 minutes), then leave the water and cool down before returning for another brief stay;
 - Long exposure may result in nausea, dizziness, or fainting;
 - Keep all breakable objects out of the area"- letters at least ½ in size
- POOL CLOSED** (for use when closed)
- Location of the emergency phone if not clearly visible from the spa (no minimum letter size)

Safety Provisions

- 12 foot non-telescoping body hook pole
- Ring buoy (1/4 inch throwing rope-50 feet long or 1 ½ times the max. width of the pool, whichever is less)
- 2 body hooks and 2 ring buoys required when pool is over 3,000 square feet
- Permanently mounted phone inside pool enclosure or within 75' of bather entrance; visible within pool enclosure or sign posted indicating location; operating correctly and capable of directly dialing 911; accessible to all pool users
- Depth markers at least 4" high located on the vertical wall of pool and on the edge of the deck next to swimming pool; at points of maximum and minimum depths and at transition point
- Depth markers spaced no greater than 25 feet apart and have a contrasting color background, slip resistant finish and must contain the word "feet" or abbreviation "ft"
- NO DIVING** markers (at least 4" high) or 6 inch by 6 inch international symbol in red and black on a white background located in areas where water is less than 5 ft. deep; located on the pool deck and in contrasting color to background

Water Quality

- pH between 7.2 and 7.8
- Main drains visible
- Chlorine at least 1ppm or Bromine at least 2ppm for swimming pools and spas
- chlorine at least 2ppm for wading pools
- Automatic chemical feeder used- must be NSF
- Test kit available and water quality log present; water quality checked daily
- Water temperature for heated pool does not exceed 90°F
- Water temperature for heated spa does not exceed 104°F

Maintenance

- Deck structurally sound, free of trip hazards
- No loose coping
- Pool walls and floors in good repair and clean
- Pool protected by a fence and/or approved barrier
- Gate equipped with self-closing and positive latching closure
- Main drains securely attached with stainless steel screws and in good repair; life span of covers has not expired
- Equalizer covers in good repair and life span of covers has not expired
- All fittings, baskets and weirs in good repair
- Diving equipment, ladders, steps and handrails in good repair
- approved pump, filter, and flow meter operating properly
- Contrasting band on steps and benches
- Spa timer switch not to exceed 15 minutes
- Pool and deck lighting provided for pools that operate at night; If underwater lighting is used, it provides .5 watts or 8.35 lumens per square foot of water surface and deck lighting not less than 10 foot candles; If underwater lighting is NOT used, area and pool lighting combined shall provide not less than 10 foot candles of light to all parts of the pool and required deck area.