



**County of Moore
Health Department
705 Pinehurst Avenue • P.O. Box 279
Carthage, NC 28327**



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TO: PUBLIC SWIMMING POOL/SPA OPERATORS

FROM: Crystal Hodges, REHS, Holly Wright, REHS, Nicole Thomas, REHS

With the swimming pool season rapidly approaching, it will soon be time to obtain an operation permit. Recent changes affecting the Public Pool Program have necessitated updating the Drain Safety Data Sheet. Please replace any prior versions with the new form which has fields for the information necessary to determine if the drain covers used are compliant with the .2500 rules. The drain sump dimensional information **MUST BE PROVIDED** to determine compliance with new testing standards. For your convenience, an inspection checklist is included. Failure to comply with these items may prevent the issuance of a permit. A \$100 permit revisit fee will be charged if for any reason, other than water chemistry (pH, chlorine), the pool inspection conducted does not receive a permit or to re-open a pool that is closed due to rule violation(s). To avoid a possible delay in opening your pool and/or spa, we ask that you contact this department **at least 15 days prior** to needing an operation permit.

IMPORTANT INFORMATION:

Expired drain covers will result in denial of the permit. Expired equalizer covers will result in denial of the permit if equalizer lines have not been disabled/plugged. Any new fittings must be approved by our office.

It is recommended that pools evaluate the safety of their electrical systems on a regular basis. Please see attached handout on Electrical System Safety at Public Swimming Pools.

A copy of the current rules can be found on the web at
<http://ehs.ncpublichealth.com/faf/pti/docs/t15a-18a.25.pdf>

Please fill out the enclosed application and Pool Drain Safety Compliance Data Sheet and return them, along with the required fee of \$200.00 per pool/spa, to the following address:

CENTRAL PERMITTING, P.O. BOX 905, CARTHAGE, NC 28327 OR DELIVER TO THE OFFICE AT 1048 CARRIAGE OAKS DRIVE, CARTHAGE. APPLICATIONS MAY ALSO BE EMAILED OR FAXED TO CENTRAL PERMITTING. PHONE: 910-947-2221. FAX: 910-947-1303.

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.

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 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 _____

NCDHHS

Revised 1/27/2022 for immediate use.

SAFETY AND DEPTH MARKING REQUIREMENTS

2004 Rules Governing Public Swimming Pools

DEPTH MARKINGS

Placement:

1. On the vertical wall of the pool and on the edge of the deck next to the swimming pool
2. At points of maximum and minimum depths
3. At the transition point
4. Separate markings for Diving Area depths
5. Not greater than 25 feet apart

Minimum Requirements:

1. At least 4 inches high
2. In contrasting color to background; slip resistant finish
3. Must contain the word "feet" or abbreviation "ft"

NO DIVING

In areas where water is less than 5 feet deep:

1. On the pool deck
2. In contrasting color to background
3. No greater than 25 feet apart

Minimum Requirements:

1. "No Diving" in letters at least 4 inches high
- OR
2. 6 inch by 6 inch international symbol in red & black on a white background

REQUIRED SIGNS

Swimming Pools

- | | |
|--|---|
| <input checked="" type="checkbox"/> "WARNING-NO LIFEGUARD ON DUTY" | letters at least 4 inches high |
| <input checked="" type="checkbox"/> "CHILDREN SHOULD NOT USE THE SWIMMING POOL WITHOUT ADULT SUPERVISION" | letters at least 1 inch high |
| <input checked="" type="checkbox"/> "ADULTS SHOULD NOT SWIM ALONE" | letters at least 1 inch high |
| <input checked="" type="checkbox"/> The location of the emergency phone if not clearly visible from the pool | no minimum letter size required |
| <input checked="" type="checkbox"/> A sign prohibiting pets and glass containers | no minimum letter size required |
| <input checked="" type="checkbox"/> Pool Closed sign (for use whenever the pool is closed) | no minimum size or wording |
| <input checked="" type="checkbox"/> Dialing instructions, address of the pool location and telephone number | Legible, located at the emergency phone |
| <input checked="" type="checkbox"/> Sign directing pool users to shower before entering pool | Visible upon entering the pool |

Wading Pools

- | | |
|--|--|
| <input checked="" type="checkbox"/> "WARNING-NO LIFEGUARD ON DUTY" | letters at least 4 inches high |
| <input checked="" type="checkbox"/> The location of the emergency phone if not clearly visible from the pool | no minimum letter size required |
| <input checked="" type="checkbox"/> No depth markings are required | |
| <input checked="" type="checkbox"/> Pool Closed sign (for use when closed) | no minimum size or wording |
| <input checked="" type="checkbox"/> "WARNING To prevent serious injury do not allow children in wading pool if drain cover is broken or missing" | letters at least 1/2 inch high (if pool has only one main drain) |
| <input checked="" type="checkbox"/> Sign directing pool users to shower before entering pool | Visible upon entering the pool |

Spas

- | | |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> The location of the emergency phone if not clearly visible from the pool | no minimum letter size required |
| <input checked="" type="checkbox"/> No depth markings are required | |
| <input checked="" type="checkbox"/> Sign requiring a shower for each user and prohibiting oils, body lotion, and minerals in the water | no minimum size or exact wording |
| <input checked="" type="checkbox"/> Pool Closed sign (for use when closed) | no minimum size or wording |
| <input checked="" type="checkbox"/> "CAUTION" | letters at least 1/2 inch in size |
- "- Pregnant women; elderly persons, and persons suffering from heart disease, diabetes, or high or low blood 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."
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