

**Application for Annual or Seasonal
Swimming Pool Operation Permit**



Name of Public Swimming Pool: _____

Pool Location (911 Address): _____ City: _____ Zip: _____

Phone Number of the Facility: (_____) _____ - _____

Type of Pool: Swimming Pool Spa Slide Wading Pool

Other: _____ (EX. Splash Pad, Mushroom, Lazy River)

Type of Disinfection: Chlorine Bromine Other: _____

Date Constructed or Remodeled: (Check One) Before May 1, 1993 May 1, 1993 or later

Dates of Operation: Opening Date: _____ Closing Date: _____ Year-round

Hours of Operation: Opens at: _____ AM/PM Closes at: _____ AM/PM

Will swimming be allowed at night? Yes No

Water Source for Facility: Well Public/Community Other: _____

Wastewater System for Facility: On-Site Septic Public/City Other: _____

Name of Owner: _____

Address of Owner: _____ City: _____ State _____ Zip: _____

Telephone Number: Primary (_____) _____ - _____ Secondary (_____) _____ - _____

Email: _____

Name of Pool Operator: _____

Telephone Number: Primary (_____) _____ - _____ Secondary (_____) _____ - _____

Email: _____

The pool owner shall maintain documentation that the person responsible for operating the pool has been trained on pool equipment operation, disease and injury prevention, pool water chemistry and regulatory requirements for public swimming pools.

Pool Operator Trained by: National Swimming Pool Foundation Other: _____

Owner/Operator: _____

Signature

Printed Name

Date

For assistance, please contact:

Rutherford Co. EH: (828) 287-6317

McDowell Co. EH: (828) 652-2921

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 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.
7. **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 (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 _____

NCDHHS -Revised 10/2016

RPM Health District Pool Program Pre-Permit Checklist

This checklist should not be submitted with the pool operation permit application; it is to assist the pool operator in determining if a pool is ready for permitting. Pool operators should complete this checklist prior to visit from EHS.

Water Quality

Disinfectant – Chlorine must be at least 1.0 ppm for pools and spas – 2.0 ppm for wading pools; Bromine must be at least 2.0 ppm.

pH – Maintained within 7.2 to 7.8

Cyanuric Acid -Pools that use chlorine as the disinfectant must be stabilized with cyanuric acid, except at indoor pools or where it can be shown that cyanuric acid is not necessary to maintain a stable free chlorine residual. The cyanuric acid level shall not exceed 100 parts per million.

Water Clarity – Pool floor and main drains must be clearly visible.

Temperature (heated pools/spas) – Pool maximum temperature = 90°F; spa maximum temperature = 104°F.

Record Books – Chlorine, pH, Drain/Equalizer checks, and temperature (if applicable) shall be daily; Cyanuric Acid and Total Alkalinity shall be weekly. Record adjustments, closures and general maintenance performed.

Drain Covers – Main Drains and Skimmer Equalizer Lines

Pool Drain Safety Compliance Data Form – Submitted with accurate information and approved.

Suction Outlets – All expired covers have been replaced with approved covers and information updated with the Health Department.

Pool Maintenance

Suction Outlets – All drain and equalizer line covers must be in place and in good repair. No protrusions greater than 2” from pool wall.

Suction Vacuum Release System (SVRS) – For single main drains or drains less than 3 ft. apart measured on center. If required, must be in good working order and indicated on PDSC form.

Vacuum Fittings – Vacuum ports must have a secured cap or self-closing, self-latching cap.

Skimmers – All weirs in place and covers/baskets in good repair. If equalizers plugged in skimmer and on wall, PDSC form must indicate as such.

Pool Floors and Walls – Must be clean and in good repair. Plaster shall not be dark as stated in Rule .2514.

Depth Markers – 4” in height for numbers and letters. Markers shall be no greater than 25 ft apart, in good repair and legible.

No Diving Markers – 4” in height for lettering or red and black international No Diving. No greater than 25 ft apart, can be measured “as the crow flies”, in good repair and legible.

Inlets and Fittings – Must be in good repair and in place.

Contrasting Color Bands – Must be in good repair; 2” wide contrasting color band to edge of step or tile, no greater than 1” from step edge. See Rule .2521.

Spa Timer – Jets must turn off within 15 minutes of activation.

Premises and Safety

[] *Safety Equipment* – Body hook on a non-collapsible pole a minimum of 12 ft in length, securely attached and in good repair. USCG approved ring buoy in good repair with required rope length; a rescue tube or rescue can shall can substitute for the ring buoy where it is accompanied by a lifeguard who has been trained to use it properly. Pools greater than 3000 sq ft must have two sets of safety equipment.

[] *Signage* – Must be in good repair.

* “WARNING – NO LIFEGUARD ON DUTY” in a minimum height of 4” – exact wording required.

* “ADULTS SHOULD NOT SWIM ALONE” in a minimum height of 1” – exact wording required.

* “CHILDREN SHOULD NOT USE THE SWIMMING POOL WITHOUT ADULT SUPERVISION” in a

minimum height of 1” – exact wording required. * Sign prohibiting pets and glass in pool area – no size or language restriction. * Shower sign instructing users to shower before entering pool – no size or language restriction. * Spa signage must be EXACT as stated in Rule .2532.

****Assure that all lettering, including lowercase letters, meet size requirements.**

[] *Emergency Phone* – Provide a designated line. Must connect to 911. 911 must have the correct location information and phone number for the pool. A sign with dialing instructions and pool information detailing the pool address and phone number must be posted at the pool phone.

[] *Barrier* – Gates and doors must be self-closing, self-latching and fence must be in good repair. See Rule .2528.

[] *Decks* – Maintain proper walkway clearance around pool; no trip hazards present (>1/2” protrusions). Over the rim spouts no greater than 6” from ladder handrails.

[] *Lighting* – Pools that operate at night must have operating lights inside the pool and adequate lighting on pool deck at night.

Equipment Room

[] *Chemical Feeders* – NSF approved and in good working order.

[] *Pump, Filter and Flow Meter* – Must be operating properly and in good repair. Pressure gauge must show pressure reading.

Imminent Hazards

[] No exposed chlorine or chemicals in skimmers.

[] No electrical hazards on or near deck.

[] No broken glass.

ALL ITEMS MUST BE IN COMPLIANCE TO RECEIVE YOUR PERMIT.

Please Note:

This list is generalized and may not cover all variations specific to your facility. If you have any questions prior to your inspection, please consult the NC Public Swimming Pool Rules at <http://ehs.ncpublichealth.com/docs/rules/> or call your local health department.