



Attention: All Public Swimming Pool Owners/Operators

This serves to provide all pools, spas, and wading pools in McDowell and Rutherford Counties with updated information necessary to apply for a Public Swimming Pool Operation Permit for 2022. Please read this letter carefully and send in all necessary documentation to ensure that your facility is not delayed in opening. Please review the attached pre-permitting checklist.

*Reminder: If the pool is to be permitted for night swimming, the inspector will be required to make a visit after dark to verify lighting requirements.

All Public Swimming Pools must apply for, and receive, a valid permit to operate prior to opening or allowing bathers to use the facility. All facilities are required to submit a current or revised Pool Drain Safety Compliance Data Form. Please see the included instructions for the completion and submission of the pool drain safety compliance data form.

Drain covers and skimmer equalizer covers are required to be replaced when the expiration date of the cover has been exceeded. Be advised that operation permits for seasonal swimming pools will not be issued if the drain cover or skimmer equalizer cover has expired and/or if the main drain cover or skimmer equalizer max flow does not exceed the maximum pump flow. Operation permits for year-round pools will be immediately suspended for those found to be operating with expired drain covers or skimmer equalizer covers.

You may contact us by email at mcdowellenv@foothillshd.org, rutherfordenv@foothillshd.org, or by phone at the numbers listed below to schedule your inspection or with any questions/concerns.

McDowell County Environmental Health
(828) 652-2921

Rutherford County Environmental Health
(828) 287-6317

Thank you,

Jason Masters, REHS
Environmental Health Director
Foothills Health District

Please contact your assigned Environmental Health Specialist at least **two weeks** prior to your projected opening date. It is the responsibility of the pool operator to contact Environmental Health for scheduling. In order to receive a permit by Memorial Day, applications should be received by Environmental Health no later than **May 1, 2022**. Pool operators may request to obtain a permit as early as **APRIL 1, 2022**.

*** If your pool is not ready for an inspection, please call your inspector to cancel or reschedule your appointment in order to avoid the \$75 revisit fee. ***



The following applies to swimming pool owners and operators whose pool is serviced by an onsite water supply (WELL)

RULES GOVERNING THE PROTECTION OF WATER SUPPLIES 15A NCAC 18A .2512 WATER SUPPLY (a) The water supply serving the swimming pool and all plumbing fixtures including drinking fountains, lavatories, toilets, and showers, shall meet all requirements in 15A NCAC 18A .1700 or be an approved public water supply in accordance with 15A NCAC 18C.

What does this mean for pool operators?

A water sample is required prior to permitting. Pool operators shall contact Environmental Health to schedule sampling. Water sample results are typically received within 5 business days. Water samples that are confirmed positive for Fecal or Total Coliform will require further testing. Please note this may delay permitting.

Environmental Health Specialists will also be noting any possible well head modifications that may be required for the well to meet 15A NCAC 18A .1700 rules. **Wells not currently in compliance will delay permitting.**

Please see the attached checklist for details regarding well requirements.



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A water sample is required prior to permitting. Pool operators shall contact Environmental Health to schedule sampling. Water sample results are typically received within 5 business days. Water samples that are confirmed positive for Fecal or Total Coliform will require further testing. Please note this may delay permitting.

Environmental Health Specialist will also be noting any possible well head modifications that may be required for the well to meet 15A NCAC 18A .1700 rules.

Please see the attached checklist for details regarding well requirements.

A well shall not be located in an area propensity for flooding. Areas which have a propensity for flooding include those with concave slope, alluvial or colluvial soils, gullies, depressions or drainage ways.

Setbacks for wells constructed on or after July 1, 1993	Setbacks for wells constructed prior to July 1, 1993, the minimum horizontal distances specified
<p>_____Septic tank or nitrification field; 100 ft.</p> <p>_____Other subsurface ground absorption waste disposal; 100 ft.</p> <p>_____Industrial or municipal sludge spreading or wastewater irrigation site;100 ft.</p> <p>_____Watertight sewage or liquid-waste collection or transfer facility;50Other sewage or liquid-waste collection or transfer facility;100 ft.</p> <p>_____Animal feedlot or manure pile;100 ft.</p> <p>_____Fertilizer, pesticide, herbicide or other chemical storage area;100 ft.</p> <p>_____Non-hazardous waste storage, treatment or disposal lagoon;100 ft.</p> <p>_____Sanitary landfill;500 ft.</p> <p>_____Other non-hazardous solid waste landfill;100 ft.</p> <p>_____Animal barn;100 ft.</p> <p>_____Building foundation;50 ft.</p> <p>_____Surface water body;50 ft.</p> <p>_____Chemical or petroleum fuel underground storage tank regulated under 15ANCAC 2N:</p> <p>_____with secondary containment;50 ft.</p> <p>_____without secondary containment;100 ft.</p> <p>_____Any other source of groundwater contamination.100 ft.</p>	<p>_____Septic tank or nitrification field;50 ft.</p> <p>_____Other subsurface ground absorption waste disposal system;50 ft.</p> <p>_____Water-tight sewage or liquid-waste collection or transfer facility;25 ft.</p> <p>_____Building foundation;25well constructed prior to July 1, 1993 serving an establishment regulated under 15A</p>
	<p>NCAC 18A in operation prior to July 1, 1993 shall be required to meet only the following minimum horizontal distance requirements:</p> <p>(A) Septic tank or nitrification field; 50 ft.</p> <p>(B) Other subsurface ground absorption waste disposal system. 50 ft ft.</p>

WELL CASING

_____For a well constructed after July 1, 1993, the well casing shall be terminated at least 12 inches above the land surface.

_____For a well constructed prior to July 1, 1993, the well casing shall be terminated at least six inches above the land surface.

WELL HEAD PROTECTION

_____The base plate of a pump placed directly over the well shall be designed to form a watertight seal with the well casing or pump foundation.

_____For a well constructed after July 1, 1993, a hose bib or thread-less sample tap shall be installed at the well head for obtaining samples. In the case of offset jet pump installations, the hose bib shall be installed directed downward on the pressure side of the jet pump piping. A vacuum breaker or backflow prevention device shall be installed on the hose bib.

_____For a well constructed after July 1, 1993, a continuous bond concrete slab or well house concrete floor extending at least three feet horizontally around the outside of the well casing shall be provided. The minimum thickness for the concrete slab or floor shall be four inches. The slab or floor shall slope to drain away from the well casing.

_____Any establishments permitted or licensed after July 1, 1993 shall have a continuous bond concrete slab or well house concrete floor extending at least three feet horizontally around the outside of the well casing. The minimum thickness for the concrete slab or floor shall be four inches. The slab or floor shall slope to drain away from the well casing.



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. Various pump curves may be found online at the pump manufacturer’s website
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). Various approved covers may be found online 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 may be found online 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 from center to center or the 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 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.

Foothills Health District Pre-Permit Checklist

Water Quality

- ☐ *Disinfectant* – Chlorine must be at least 1.0 ppm for pools and spas – 2.0 ppm for wading pools and children's activity pools;
Bromine must be at least 2.0 ppm for pools and spas.
- ☐ pH – Maintained between 7.2 to 7.8.
- ☐ *Water Clarity* – Pool floor and main drains must be clearly visible.
- ☐ *Temperature* (heated pools/spas) – Pool maximum temperature = 90°; spa maximum temperature = 104°.
- ☐ *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 Sheet (CDS)* – Submitted with accurate information
- ☐ *Suction Outlets* – All expired covers have been replaced with approved covers and information updated on the CDS form

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 CDS form.
- ☐ *Vacuum Fittings* – Vacuum ports must have a secured cap or, if constructed after May 1, 2010, must have a self-closing cap designed to be opened with a tool.
- ☐ *Skimmers* – All skimmer covers/baskets in good repair and clean. If equalizers plugged in skimmer and on wall, CDS form must indicate as such.
- ☐ *Pool Floors and Walls* – Must be clean and in good repair. Pool color shall be white or light colored material 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, 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.

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. Ground level doors and windows opening from occupied buildings to inside the pool enclosure shall be self-closing or child protected by means of a barrier or audible alarm. 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.

Imminent Hazards

- ☐ No exposed chlorine or chemicals in skimmers.
- ☐ No electrical hazards on or near deck or in pump room
- ☐ No broken glass.

Please Note:

ALL items must be correct in order to receive your permit. 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 or your assigned inspector.

APPLICATION FOR SWIMMING POOL OPERATION PERMIT

POOL INFORMATION:

Name of Public Swimming Pool: _____

911 Physical Street Address of Pool Location: _____

City: _____ State: NC Zip: _____ County: _____

Phone Number of the Facility: (____) _____

Phone Number of the 911 Emergency Phone Located at the Facility: (____) _____

Type of Public Swimming Pool: (Check only One) ☐Swimming Pool ☐Spa ☐Slide ☐Wading Pool
☐Other: _____ (EX. Splash Pad, Mushroom, Lazy River)

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

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

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

OWNER INFORMATION:

Name of Owner: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone: (____) _____

Fax (____) _____ Email: _____

OPERATOR (On-Site Manager) INFORMATION:

Name of Pool Operator: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: Work (____) _____ Cell (____) _____

Fax (____) _____ Email: _____

Pool Operator Trained by: (Check One)

☐ National Swimming Pool Foundation ☐ Other: (Please Specify) _____

Certificate Number: _____

APPLICATION SUBMITTED BY:

Owner/Operator: _____

Signature

Typed or Printed Name

Date

OFFICE USE ONLY: Payment Date: _____ Amount: _____