

N.C. Department of Health and Human Services  
Division of Public Health  
Environmental Health Section

**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)*

<input type="checkbox"/>	Swimming pool
<input type="checkbox"/>	Wading pool
<input type="checkbox"/>	Spa
<input type="checkbox"/>	Other <i>(describe)</i> _____

Date constructed or remodeled: *(check one)*

<input type="checkbox"/>	Before May 1, 1993
<input type="checkbox"/>	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 Public Health 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: Environmental Health Section, 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.