



**SAMPSON COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION**

Telephone (910) 592-4675 Fax (910) 592-2874

405 County Complex Road, Suite 120
Clinton, North Carolina 28328

Wanda Robinson
Health Director

APPLICATION FOR PUBLIC SWIMMING POOL OPERATION PERMIT

POOL INFORMATION:

Name of public swimming pool: _____

Street address of pool location: _____

City: _____ State: NC Zip: _____

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: _____ Phone: _____

OPERATOR INFORMATION

Name of Pool Operator: _____

Pool Operator Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Pool operator trained by: _____

National Certificate #: _____

Lock box code: _____

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 requires 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 departm

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 (check 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 check 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 (check one)

Maximum flow rating of cover/grate _____ gpm

Cover(s) located on pool: Floor Wall (Check 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.

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.