



# Public Health

## PUBLIC SWIMMING POOL OPERATION PERMIT APPLICATION **2018**

Office Use Only	
Date Rec ____/____/2018	Seasonal/Year Round
Date Paid ____/____/2018	
Amount \$ _____	50/53 Pool \$250 each pool
Cash Credit Check # _____	51/54 Wading Pool \$250 ea.
	52/55 Spa \$250 ea.

### ADMINISTRATIVE DATA FACILITY OWNER OR LOCAL MANAGEMENT INFORMATION

#### POOL INFORMATION

POOL/FACILITY NAME \_\_\_\_\_ PERMIT #04-032-\_\_\_\_\_

New Name of Facility (if applicable) \_\_\_\_\_

STREET ADDRESS OF POOL \_\_\_\_\_

CITY \_\_\_\_\_ NC ZIP \_\_\_\_\_

POOL OPERATIONS (circle) YEAR ROUND or SEASONAL

NAME OF OWNER/MANAGEMENT COMPANY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ OFFICE PHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

#### BILLING ADDRESS FOR RENEWAL APPLICATION & ANNUAL FEE NOTICE IF DIFFERENT FROM ABOVE

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

#### All Additional information to be provided by Staff Certified Pool Operator or Contracted Pool Management

#### Company.



Environmental Health Division  
Human Services Building | 414 East Main Street, Durham, North Carolina 27701  
(919) 560-7800 | Fax (919) 560-7830 | [dconc.gov/publichealth](http://dconc.gov/publichealth)  
Equal Employment/Affirmative Action Employer

**Pool Operator Data** to be provided by Staff Certified Pool Operator or Contracted Pool Management Company

**1. Facility/pool is operated/managed by (check one)**

- Staff Certified Pool Operator  
 Contracted Pool Management Company  
 Shared arrangement between Contracted Pool Company and on-site staff

**2. Pool operator's email:** \_\_\_\_\_

**3. ON-SITE STAFF/OPERATOR(S) IF APPLICABLE**

NAME \_\_\_\_\_ CERTIFICATE NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_\_

NAME \_\_\_\_\_ CERTIFICATE NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_\_

NAME \_\_\_\_\_ CERTIFICATE NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_\_

**4. POOL COMPANY INFORMATION**

POOL MANAGEMENT COMPANY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

LOCK BOX COMBINATION \_\_\_\_\_ LOCATION \_\_\_\_\_

**5. PHONE # OF POOL EMERGENCY PHONE** \_\_\_\_\_

**6. TYPE OF DISINFECTANT (check one)**  CHLORINE  BROMINE  CHLORINE GENERATOR (SALT)

**PUMP AND SAFETY COMPLIANCE DATA**

1. **Pumps:** Many pools and all spas have more than one pump per pool or spa. You must provide all requested pump information for each pump.

**Total number of Pumps in Pool or Spa:** \_\_\_\_\_



# Public Health

## PUMP 1

### A. Pump Flow

- 1) Pump Manufacturer \_\_\_\_\_ Model# \_\_\_\_\_ Horsepower \_\_\_\_\_
- 2) Maximum Pump Flow. Maximum flow rate *from pump curve*: \_\_\_\_\_ gpm. (Provide supporting evidence if flow reduction)

### B. Drain Cover/Grate Data

- 1) Number of drains on each pump \_\_\_\_\_ Distance between drains (on centers) \_\_\_\_\_
- 2) Cover/grate manufacturer \_\_\_\_\_, model \_\_\_\_\_, Lifespan: \_\_\_\_\_
- 3) Maximum flow rating of cover/grate \_\_\_\_\_ gpm (floor); \_\_\_\_\_ gpm (wall)
- 4) Date drain cover/grates installed: \_\_\_\_\_ **EXPIRATION DATE:**

## PUMP 2

### A. Pump Flow

- 1) Pump Manufacturer \_\_\_\_\_ Model# \_\_\_\_\_ Horsepower \_\_\_\_\_
- 2) Maximum Pump Flow. Maximum flow rate *from pump curve*: \_\_\_\_\_ gpm. (Provide supporting evidence if flow reduction)

### B. Drain Cover/Grate Data

- 1) Number of drains on each pump \_\_\_\_\_ Distance between drains (on centers) \_\_\_\_\_
- 2) Cover/grate manufacturer \_\_\_\_\_, model \_\_\_\_\_, Lifespan: \_\_\_\_\_
- 3) Maximum flow rating of cover/grate \_\_\_\_\_ gpm (floor); \_\_\_\_\_ gpm (wall)
- 4) Date drain cover/grates installed: \_\_\_\_\_ **EXPIRATION DATE:**

## PUMP 3

### A. Pump Flow

- 1) Pump Manufacturer \_\_\_\_\_ Model# \_\_\_\_\_ Horsepower \_\_\_\_\_
- 2) Maximum Pump Flow. Maximum flow rate *from pump curve*: \_\_\_\_\_ gpm. (Provide supporting evidence if flow reduction)

### B. Drain Cover/Grate Data

- 1) Number of drains on each pump \_\_\_\_\_ Distance between drains (on centers) \_\_\_\_\_
- 2) Cover/grate manufacturer \_\_\_\_\_, model \_\_\_\_\_, Lifespan: \_\_\_\_\_
- 3) Maximum flow rating of cover/grate \_\_\_\_\_ gpm (floor); \_\_\_\_\_ gpm (wall)
- 4) Date drain cover/grates installed: \_\_\_\_\_ **EXPIRATION DATE:**



2. **Equalizer Covers**

Number of operable skimmer equalizers \_\_\_\_\_ **OR** Have the equalizers been disabled? YES NO

**If never equipped** with equalizers check here and got to # 3. \_\_\_\_\_

Equalizer fitting Manufacturer \_\_\_\_\_, model \_\_\_\_\_, Lifespan \_\_\_\_\_

Equalizer fitting maximum flow rating \_\_\_\_\_

Date equalizer cover/grates installed: \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

3. **Safety Vacuum Release System (SVRS)** – SVRS required if dual drains are closer than 3 feet on center or pump has a single drain.

Safety Vacuum Release System manufacturer - \_\_\_\_\_

4. **Vacuum line- Choose One**

\_\_\_ No vacuum line in pool

\_\_\_ Protective cover on vacuum lines installed before May 1, 2010

\_\_\_ Self-closing, self-latching cover designed to be opened with a tool on vacuum lines installed after May 1, 2010

5. **Full name of CPO, or** Contracted Pool Management Company staff, person providing this information

PRINT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date Name Signature

**Please do not submit handwritten applications.**

**Electronic Submittal Preferred.**

**We are using a new process that extracts the data from the electronic forms.**

**No need to print.**

Email completed applications as attachment to **healthinspector@dconc.gov**