## \*\*\*CREDIT CARD PAYMEMTS IN PERSON ONLY\*\*\*

				Office Use Only	
Date R	lec	/	_/2019	S	
Date P	aid	_/	/2019		
A	¢			50	
Amou	nt \$			5	
Cash	Credit	Che	ck #	52	

O.C.

Seasonal/Year Round

50/53 Pool \$250 each pool 51/54 Wading Pool \$250 ea. 52/55 Spa \$250 ea.

# **2019** PUBLIC SWIMMING POOL OPERATION PERMIT APPLICATION

ADMINISTRATIVE DATA FACILITY OWNER OR LOCAL MANAGEMENT INFORMATION

POOL INFORMATION		
POOL/FACILITY NAME	PERMIT	#04032
New Name of Facility (if applicable)		
STREET ADDRESS OF POOL		
CITY	State	ZIP
NAME OF OWNER/MANAGEMENT COMPANY		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
CONTACT PERSON	_ OFFICE PHONE NUMBER	
FAX NUMBER	_ EMAIL	
BILLING ADDRESS FOR RENEWAL APPLICATION & A	ANNUAL FEE NOTICE IF DIFFE	RENT FROM ABOVE
NAME		
ADDRESS		



Environmental Health Division Human Services Building | 414 East Main Street, Durham, North Carolina 27701 (919) 560-7800 | Fax (919) 560-7830 | dconc.gov/publichealth Equal Employment/Affirmative Action Employer Page 1 of 7

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

#### **Contracted Pool Management Company.**

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 , if applicable.					
POOL MANAGEMENT COMPANY					
MAILING ADDRESS					
CITY	STATE	ZIP CODE			
CONTACT PERSON	PHONE NUMB	ER			
FAX NUMBER	EMAIL				

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

**Public Health** 



5. 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. If you have a life-time drain covers please follow instructions below.

## Total number of Pumps in Pool or Spa:

#### PUMP 1 Complete all of Pump 1

- A. Pump Flow
  - 1) Pump Manufacturer \_\_\_\_\_\_ Model#\_\_\_\_\_ Horsepower \_\_\_\_ hp.
  - Maximum Pump Flow. Maximum flow rate <u>from pump curve</u>: \_\_\_\_\_\_gpm.
    (Provide supporting evidence if flow reduction)

#### B. Drain Cover/Grate Data

- 3) Number of drains on each pump \_\_\_\_\_ Distance between drains (on centers)
- 4) Cover/grate manufacturer \_\_\_\_\_, model \_\_\_\_\_, Lifespan:
  \_\_\_\_\_(if life-time covers indicate NA)
- 5) Maximum flow rating of cover/grate \_\_\_\_\_gpm (floor); \_\_\_\_\_ gpm (wall)
- 6) Drain cover/Grate: Date Installed \_\_\_\_\_ Expiration Date
  - \_\_\_\_\_ (if life time indicate NA)
- 7) Screws for Lifetime Drain Covers: Life Span\_\_\_\_\_ (NA if not Life Time
  Covers) Date Installed\_\_\_\_\_ Expiration Date \_\_\_\_\_

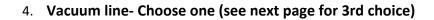


A. <u>Pump I</u>	low		
1)	Pump Manufacturer	Model#	
	Horsepower hp.		
2)	Maximum Pump Flow. Maximum flow ra	te <u>from pump curve</u> :	gpm.
	(Provide supporting evidence if flow redu	iction)	
B. Drain Co	over/Grate Data		
1)	Number of drains on each pump Dis	stance between drains (on ce	nters)
2)	Cover/grate manufacturer	, model	, Lifespan:
	(if life-time covers indicate NA)		
3)	Maximum flow rating of cover/grate	gpm (floor);	gpm (wall)
4)	Drain cover/Grate: Date Installed	Expiration Date	
	(if life time indicate N	NA)	
5)	Screws for Lifetime Drain Covers: Life Sp	an	
	Date Installed	Expiration Date	
PUMP 3 Comp	Date Installed		
PUMP 3 Comp A. <u>Pump I</u>	plete all of Pump 3 if you have 3 or more p		
A. <u>Pump l</u>	plete all of Pump 3 if you have 3 or more p	pumps	
A. <u>Pump l</u>	blete all of Pump 3 if you have 3 or more p Flow	pumps	
A. <u>Pump I</u> 1)	olete all of Pump 3 if you have 3 or more p -low Pump Manufacturer	oumps Model#	
A. <u>Pump I</u> 1)	plete all of Pump 3 if you have 3 or more p Flow Pump Manufacturer Horsepower hp.	<b>Dumps</b> Model# Ite <u>from pump curve</u> :	
A. <u>Pump  </u> 1) 2)	Diete all of Pump 3 if you have 3 or more p Flow Pump Manufacturer Horsepower hp. Maximum Pump Flow. Maximum flow ra	<b>Dumps</b> Model# Ite <u>from pump curve</u> :	
A. <u>Pump I</u> 1) 2) B. Drain Co	Dete all of Pump 3 if you have 3 or more p Flow Pump Manufacturer Horsepower hp. Maximum Pump Flow. Maximum flow ra (Provide supporting evidence if flow redu	Dumps Model# Ite <u>from pump curve</u> : Iction)	gpm.
A. <u>Pump I</u> 1) 2) B. Drain Co 1)	Dete all of Pump 3 if you have 3 or more p Flow Pump Manufacturer Horsepower hp. Maximum Pump Flow. Maximum flow ra (Provide supporting evidence if flow redu over/Grate Data	Dumps Model# Inte <u>from pump curve</u> : Inction) Stance between drains (on ce	gpm. gpm.
A. <u>Pump I</u> 1) 2) B. Drain Co 1)	Dete all of Pump 3 if you have 3 or more p Flow Pump Manufacturer Horsepower hp. Maximum Pump Flow. Maximum flow ra (Provide supporting evidence if flow reduce) over/Grate Data Number of drains on each pump Dis	Dumps Model# Inte <u>from pump curve</u> : Inction) Stance between drains (on ce	gpm. gpm.
A. <u>Pump I</u> 1) 2) B. Drain Co 1) 2)	Dete all of Pump 3 if you have 3 or more p <u>Flow</u> Pump Manufacturer Horsepower hp. Maximum Pump Flow. Maximum flow rad (Provide supporting evidence if flow reduced over/Grate Data Number of drains on each pump Dis Cover/grate manufacturer	Dumps Model# Inte <u>from pump curve</u> : Inction) Inction) Instance between drains (on ce , model	gpm. nters)
A. <u>Pump I</u> 1) 2) B. Drain Co 1) 2) 3)	Plete all of Pump 3 if you have 3 or more p Flow Pump Manufacturer Horsepower hp. Maximum Pump Flow. Maximum flow rad (Provide supporting evidence if flow reduced over/Grate Data Number of drains on each pump Dis Cover/grate manufacturer (if life-time covers indicate NA)	Model#      Ite from pump curve:      Ite from pump curve:      Ite inction)      stance between drains (on ce     , model	gpm. nters)

5)	) Screws for Lifetime Drain Covers:	Life Span	
	Date Installed	Expiration Date	-
PUMP 4 Compl	ete all of Pump 4 if you have 4 or mo	ore pumps	
A. <u>Pump</u>	<u>o Flow</u>		
1)	) Pump Manufacturer	Model#	
	Horsepower hp.		
2)	) Maximum Pump Flow. Maximum	flow rate <u>from pump curve</u> :gr	om.
	(Provide supporting evidence if flo	w reduction)	
B. Drain	Cover/Grate Data		
1)	) Number of drains on each pump _	Distance between drains (on centers)	
2)	) Cover/grate manufacturer	, model, Lifes	pan:
	(if life-time covers indicat	te NA)	
3)	) Maximum flow rating of cover/gra	tegpm (floor); gpm (w	all)
4)	) Drain cover/Grate: Date Installed_	Expiration Date	
	(if life time inc	dicate NA)	
5)	) Screws for Lifetime Drain Covers:	Life Span	
	Date Installed	Expiration Date	-
PUMP 5 Compl	ete all of Pump 5 if you have 5 or mo	ore pumps	
A. <u>Pump</u>	<u>o Flow</u>		
1)	) Pump Manufacturer	Model#	
	Horsepower hp.		
2)	) Maximum Pump Flow. Maximum	flow rate <u>from pump curve</u> :gr	pm.
	(Provide supporting evidence if flo	w reduction)	
B. Drain	Cover/Grate Data		
1)	) Number of drains on each pump _	Distance between drains (on centers)	



	2)	Cover/grate manufacturer	, model	, Lifespan:
		(if life-time covers indicate	NA)	
	3)	Maximum flow rating of cover/grat	egpm (floor);	gpm (wall)
	4)	Drain cover/Grate: Date Installed	Expiration Da	te
		(if life time indi	cate NA)	
	5)	Screws for Lifetime Drain Covers: L	ife Span	
		Date Installed	Expiration Date	
2. <u>Eq</u>	ualizer Cov	<b>rers:</b> Please indicate NA for when needed.		
	Have the e	equalizers been disabled?		
	IF <u>No</u> , ther	n number of operable skimmer <b>equa</b>	lizers	
	<u>lf never ec</u>	<b>uipped</b> with equalizers check here a	nd got to # 3	
	Equalizer f	itting Manufacturer	_, model,	
	Lifespan			
	Equalizer f	itting maximum flow rating		
	Equalizer o	cover/grates: Date Installed	Expiration Date	
3.	-	<b>cuum Release System (SVRS)</b> – Sv or pump has a single drain.	/RS required if dual drains are cl	oser than 3 feet
	Safety Vac	uum Release System manufacturer o	or NA if not applicable -	



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\_\_\_\_\_

## \*\*\*CREDIT CARD PAYMEMTS IN PERSON ONLY\*\*\*

Print Name

Signature

Date



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