

APPLICATION FOR PUBLIC SWIMMING POOL OPERATION PERMIT

Pool Information:

Name of public swimming pool: _____

Street address of pool location: _____

City: _____ Zip Code: _____

Emergency pool side phone number (_____) _____

Type of public swimming pool: (check one) Swimming pool Spa Wading pool
 Other (describe) _____

Date constructed or remodeled: Before May 1, 1993
 May 1, 1993 or later

Dates of operation:

Seasonal (April 1-October 31) Requires permitting and one (1) inspection
Year Round (January 1 – December 31) Requires permitting an two (2) inspections

Operator (On-site Manager) Information:

Name of pool operator: _____

Address: _____ City _____ Zip _____

Office Phone: (_____) _____ Mobile Phone (_____) _____

Pool operator trained by: (Attach Certificate)

National Swimming Pool Foundation (NSPF) (Certificate Number: _____)

Other (please specify) _____

Owner Information:

Name of owner: _____

Mailing address: _____ City _____ Zip _____

Contact person: _____

Telephone Number: (_____) _____

Email Address: _____

Application Submitted by:

Owner: _____ Typed or printed Name: _____

Date: _____ Signature: _____

VGBA COMPLIANCE DATA SHEET

Name and address of pool: _____

Pool location: Indoor _____ Outdoor _____
Pool type: Swimming Pool _____ Wading Pool _____ Spa _____
Water features: Hydrotherapy Pump _____ Slide _____ Waterfall _____ Other _____
Volume of pool (gallons) _____

Pump information Manufacturer _____ Make _____ Model Number _____

HP of Pump _____ Flow Rate (GPM) _____ (MULTIPLE PUMPS REQUIRE INDIVIDUAL DATA SHEETS)

Drain cover information Manufacturer _____ Make _____ Model Number _____

Date Installed _____ Location of installation floor _____ Wall _____

Expiration Date of Drain Covers _____

Dimensions of Drain Cover (Inches) _____ Shape (round, rectangular, square, etc.) _____

Flow rate of drain cover in gallons per minute (GPM) _____

Drain cover conforms to ASME/ANSI A112.19.8-2007 or newer standard: Yes _____ No _____

Single Main Drain: Yes _____ No _____

Is this drain larger than 18"x23" Yes _____ No _____ (If no, go to Secondary Back up System)

Multi-drain system Yes _____ No _____

Is the multi-drain at least 3' from pipe center to pipe center Yes _____ No _____

Distance (inches) _____

Secondary Back up System - Safety Vacuum Release System (SVRS) compliant with ASME/ANSI A112.19.17 or ASTM-F2387.

Stingl (Make and Model) _____

Vac Alert (Make and Model) _____

Other (Make and Model) _____

Sump information Manufacturer _____ Make _____ Model _____

Width (inches) _____ Depth (inches) _____ Length (inches) _____

Is the sump? Existing _____ or New _____

Is the sump field? Fabricated _____ or Manufactured _____

Date sump installed _____ Size of suction pipe (Inches) _____

Clearance between the bottom of the drain cover and the opening of suction pipe (Inches) _____

Equalizer line cover information Manufacturer _____ Make _____ Model # _____

Flow Rate (GPM) _____ Equalizer line cover installation date _____ Expiration Date _____

Owner/Operator/PE (title) Signature _____ Date _____

N.C. Department of Environment, Health, and Natural Resources
Division of Environmental Health

PUBLIC SWIMMING POOL DATA SHEET

Name of Pool _____
Location _____
Pool Contractor _____ Date of Construction _____

1. Pool dimensions _____
Pool volume _____
Surface area _____
Bather load _____

2. Pool Structure:
____ Fiberglass _____ Concrete
____ Gunite _____ Rounded corners
____ Other (Specify): _____
Number of Main Drains _____
Size of grate _____
____ Anti-vortex _____
Number of Returns/Inlets _____
In wall _____ In floor _____
Size of pipe _____
Number of Skimmers _____
Overflow gutters:
Number of Outlet Drains _____
____ Hair and lint catcher

3. Fill Spout:
Location _____
Size of pipe _____
Other method _____
Back-flow prevention _____
Source of water _____

4. Deck: Type _____
Finish _____
Minimum width _____ ft.
Slope _____
____ Deck drains _____ Diving boards
____ Hose bib; _____ Depth markers
Number of ladders _____
Number of stairways _____
____ Outside rinse showers

5. Safety Equipment:
____ Underground lights
____ Deck lights
____ Ring buoy w/rope
____ Floating life line
____ Shepherd's crook
____ Spa timer
____ Telephone

6. Equipment Room:
____ Weatherproof building
____ Well ventilated
____ Sanitary sewer fl. drain
____ Fl. 1/4" slope to drain
Ceiling height _____ ft.

7. Chemical Storage Area:
____ Dry _____ Ventilated

8. Circulation Pump:
Make _____
Model # _____ H.P. _____

9. Filter:
____ Sand _____ DE _____ Cartridge
Make _____
Model # _____
Circulation rate (GPM) _____
Backwash rate (GPM) _____
____ Pressure gauge
____ Sight glass
____ Flow meter
____ Air relief valve
____ Pool heater
Turnover rate (hours) _____

10. Automatic Chemical Feed:
Type _____ Make _____
Model # _____
Automatic soda ash feed:
Type _____
____ Overflow type _____ Surge tank

11. Bathhouse/Toilet Room:
____ Number of toilets, female
____ Number of toilets, male
____ Number of urinals
____ Lavatories _____ Showers
____ Fl. drain to sanitary sewer
____ Non-skid floor finish

12. Wastewater Disposal:
Sewage to: _____
Pool overflow & backwash water to: _____

FORM COMPLETED BY:

(Name) _____

(Title) _____

(Date) _____