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) □ 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: __________________________ Telephone: ____________________

OPERATOR (On-Site Manager) INFORMATION:
Name of pool operator: __________________________________________________
Address: __________________________________________________________________
Telephone number: __________________________
Pool operator trained by: (check one) □ National Swimming Pool Foundation
(Certificate Number: __________________________)
□ Other (please specify) __________________________

APPLICATION SUBMITTED BY:
Owner or operator: _____________________________________________________
Signature __________________________ Typed or printed name __________________________
Date: __________________________
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 ___________________________
   Bulkhead adaptor Manufacturer ___________________________ Model ___________________________
   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
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