

N.C. Department of Health and Human Services
Division of Public Health
Environmental Health Section

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)*

<input type="checkbox"/>	Swimming pool
<input type="checkbox"/>	Wading pool
<input type="checkbox"/>	Spa
<input type="checkbox"/>	Other <i>(describe)</i> _____

Date constructed or remodeled: *(check one)*

<input type="checkbox"/>	Before May 1, 1993
<input type="checkbox"/>	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: _____

(Certificate Number: _____)

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 require 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 department. Disposition: Please refer to Records Retention and Disposition Schedule 8.B.6., for County/District Health Departments which are published by the North Carolina Division of Archives & History.. Reorder: Additional forms may be ordered from: Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632. (Courier 52-01-00)