APPLICATION FOR PUBLIC SWIMMING POOL OPERATION PERMIT

Pool Information:
Name of public swimming pool: _____________________________________________________
Street address of pool location: ______________________________________________________
City/State/Zip: ___________________________________________________________________
Emergency Pool Side phone number: (______) __________________
Type of public swimming pool: (check one) □ Swimming pool □ Spa □ Wading pool
□ Other (describe) ________________________________________________________________

Water Supply Source: ______________________ Wastewater Provider: ______________________

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 and two (2) inspections

Pool Hours of Operation: _________________ am/pm to _________________ am/pm

Operator (On-site Manager) Information:
Name of pool operator: ______________________________________________________________
Address: __________________________________________________________________________
City/State/Zip: _____________________________________________________________________
Office Phone: (______) _____________________ Mobile Phone (______) _____________________
Email Address: _____________________________________________________________________
Pool operator CPO Certificate #: ____________________ (Attach Certificate)

Owner Information:
Name of owner: ____________________________________________________________________
Mailing address: _________________________________________________________________
City/State/Zip: ____________________________________________________________________
Contact person: ________________________________ Phone Number: (______) __________________
Email Address: _____________________________________________________________________

Management Company Information:
Name: _____________________________________________________________________________
Address: __________________________________________________________________________
City/State/Zip: _____________________________________________________________________
Contact Person: ________________________________ Phone: (______) _______________________
Email Address: _____________________________________________________________________

Application Submitted by: Typed or printed Name: _____________________________________
Signature: __________________________ Date: ______________ Phone: (____) ________________

** COMPLETE REVERSE PAGE BEFORE SUBMITTING **
**VGBA COMPLIANCE DATA SHEET (Pool Drain Safety Compliance Data Form)**

**Name and address of pool:**

- Pool location: □ Indoor □ Outdoor
- Pool type: □ Swimming Pool □ Wading Pool □ Spa □ Other ____________________________
- Volume of pool (gallons) ____________________________

**Pump information:** (MULTIPLE PUMPS REQUIRE INDIVIDUAL DATA SHEETS)

- Pump Type: □ Recirculation (Filtration) □ Hydrotherapy □ Feature (Slide, Waterfall, Bubblers, etc)
- Manufacturer __________________ Make __________ Model Number ______________
- HP of Pump __________ Maximum Flow Rate (gpm) (Maximum flow from pump curve) ________________

**Drain cover information:**

- Manufacturer __________________ Make __________ Model Number ______________
- Date Installed ______________ Expiration Date of Drain Covers ______________
- Flow rate of drain cover in gallons per minute (gpm) __________ Location of installation: □ Floor or □ Wall
- Dimensions of Drain Cover (inches) __________ Shape (round, rectangular, square, etc.) ________________
- Drain cover conforms to ASME/ANSI A112.19.8-2007 or newer standard: □ Yes □ No

**Single Main Drain:**

- □ Yes □ No
- If Yes, is this drain larger than 18”x23” □ Yes □ No □ N/A (If No, complete Secondary Back up System below)

**Multi-drain system:**

- □ Yes □ No
- Distance between pipes (pipe center to pipe center) (inches) __________
  (If less than 36”, complete Secondary Back up System below)

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

- Make and Model Number: __________________________________________________________________________

**Sump information:**

- Manufacturer __________________ Make __________ Model ______________
- Length (inches) __________ Width (inches) __________ Depth (inches) __________
- Sump Construction: □ 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) ______________

**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

**Equalizer line cover information:**

- Pool Exempt: □ No Equalizers □ Gutter □ Spray Pad □ Plugged If Plugged, How/When? ______________
- Number of operable skimmer equalizers _________
- Manufacturer __________________ Make __________ Model # ______________
- Maximum Flow Rate (gpm) ______________ □ floor or □ wall Size of Equalizer lines ____ (inches)
- Equalizer line cover installation date ______________ Expiration Date ______________

**Owner/Operator/PE (title) Signature __________________ Date ______________

“Healthy People, Safe Environment, Strong Community”
Instructions for Completion and Submission of Pool Drain Safety Compliance Data Form

Please review the instructions below to ensure the Pool Drain Safety Compliance Data form is properly completed and submitted with all information required. All submissions will need to be approved and verified by the Health Department prior to the issuance of an operation permit for the pool in accordance with Rule .2539(c).

**POOLS WITH MULTIPLE PUMPING SYSTEMS MUST SUBMIT A FORM FOR EACH PUMPING SYSTEM.**

1) **PUMP FLOW** – Enter the maximum flow from the manufacturer’s pump performance curve. Pump curves can be found online at http://ehs.ncpublichealth.com/af/pti/drainsafety.htm, https://www.mecknc.gov/HealthDepartment/EnvironmentalHealth/PublicSwimmingPools/Pages/default.aspx?redirect=charmeck or at the pump manufacturer’s website.

2) **DRAIN COVER/GRADE DATA** – Enter the manufacturer, model, lifespan expiration date and maximum flow for the main drain cover(s). Various approved covers can be found under VGB Approved Drain Covers and Equalizer Covers listed at the following website: http://charmeck.org/mecklenburg/county/HealthDepartment/EnvironmentalHealth/PublicSwimmingPools/Pages/default.aspx or at the drain cover manufacturer’s website.

3) **DRAIN SUMP MEASUREMENTS** – Measurements are needed to determine the size of the cover/grate and to assure the sump is deep and wide enough to meet the requirements in the cover/grate manufacturer’s specifications. Information on documenting the size of the drain sump can be found at: http://ehs.ncpublichealth.com/af/pti/drainsafety.htm

4) **SAFETY VACUUM RELEASE SYSTEM (SVRS)** – SVRS is required if dual drains are closer than 3 feet on center or pump has a single drain with a blockable cover or blockable sump. Enter the manufacturer of the safety vacuum release system (SVRS). If using another secondary method of preventing bather entrapment allowed in Rule .2539(b), please attach documentation.

5) **VACUUM LINE** – If vacuum line ports are present in the pool, please indicate the type of cover(s) on the form.

6) **EQUALIZER COVERS** – Enter the number of operable equalizer line covers, the manufacturer, model, lifespan expiration date and maximum flow for the equalizer covers. Various approved covers can be found under VGB Approved Drain Covers and Equalizer Covers listed at the following website: http://charmeck.org/mecklenburg/county/HealthDepartment/EnvironmentalHealth/PublicSwimmingPools/Pages/default.aspx or at the equalizer cover manufacturer’s website. If all equalizer lines are disabled or pool has no equalizer lines, please indicate and provide details on the form.

**FORM COMPLETION** – A separate Pool Drain Safety Compliance Data form must be completed and submitted for each individual pool at a facility including spas, wading pools, and other pools.

The Health Department understands that the required information and/or measurements may be beyond the scope of owners or operators. In those cases, it is recommended that you contact a Registered Design Professional (Professional Engineer or Licensed Architect) or a knowledgeable pool professional to assist you in completing the form.