

**OFFICE USE ONLY**

Bets ID Number \_\_\_\_\_  
Desig. EHS \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Invoice Number \_\_\_\_\_

**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** \_\_\_\_\_

## **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 be 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/faf/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/GRATE 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/faf/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.**