



Union County Public Health Division

Environmental Health Section

500 N. Main St. Suite 47

Monroe, NC 28112

UCinspections@unioncountync.gov

APPLICATION REQUEST

APPLICATION TYPE:

- NEW FOOD SERVICE ESTABLISHMENT (\$250) - Complete Plan Review application
- RENOVATIONS/CHANGES to food preparation area, seating capacity, addition of room (\$150) - Complete Plan Review application
- CHANGE OF TENANT ONLY
- MOBILE FOOD UNIT / PUSH CART (\$150) - Complete Plan Review application.
- LIMITED FOOD SERVICE - (Concession Stands / Lodging) (\$75) - Submit menu.
- TEMPORARY FOOD ESTABLISHMENT (\$75) - Submit menu. **Name of EVENT:** _____
- NEW SWIMMING POOL (\$250) - Submit plans and specification sheets.
- SWIMMING POOL OPERATION PERMIT (\$275) – Submit State Application for Public Swimming Pool Operation Permit, and Pool Drain Safety Compliance Data Form. **Number of Pools** _____ **X \$275 =** _____
- LODGING - Submit plans and menu.
- RESIDENTIAL CARE - Inspection request.
- HOSPITAL, NURSING HOME AND OTHER INSTITUTIONS **Circle applicable Establishment**
 - Hospital
 - Adult Day Care
 - Local Confinement
 - Nursing Home
 - School
- CHILD CARE CENTER - Complete Plan Review application
- TATTOOS (\$150) Complete NC application for Tattooing Permit
- CAMPS Complete Plan Review application

Additional information may be requested.

BUSINESS AND CONTACT INFORMATION

Establishment Name: _____

Current Establishment Name (If applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

ESTABLISHMENT OWNER:

Name: _____ Company: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Owner Phone: (_____) _____ E-Mail: _____

DESIGNER/CONTRACTOR/OPERATOR:

Name: _____ Company: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-Mail: _____

CONTACT PERSON FOR PLAN STATUS NOTIFICATION:

Contact Person: _____

Contact Phone: (_____) _____ E-Mail: _____

ESTABLISHMENT INFORMATION

Projected Start Date: _____ Projected Date for Completion: _____

OR Dates of Operation: _____

SEWER: YES NO **PUBLIC WATER:** YES NO **Occupancy:**

I declare under penalty of perjury that to the best of my knowledge and belief, the description of use and information contained on this application and plans are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this review and the operation of this business. **I also agree to conform to all conditions, orders, and directions, issued pursuant to the North Carolina Rules.** I understand that if the plans are incomplete due to a lack of any of the required information, the plans will be rejected.

Authorized Signature: _____ Date: _____

Print Name and Title Here: _____

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. Bathroom/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)
DEHNR T615 (3/90)
Environmental Health Services Section

(Title)

(Date)



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 Environmental Health Section
 500 N. Main St. Suite 47
 Monroe, NC 28112

Pool Drain Safety Compliance Data Sheet

POOL INFORMATION

Name of Pool: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

All applicable sections of the form must be completed. Missing or incomplete data or information will result in a DISAPPROVAL of the submission.

Pump System Flow

(If more than one type of pump on one pool, attach additional sheets with "pump #2, #3", etc.)

Pump Manufacturer _____ Model # _____ HP _____

(Complete either A or B below, not both)

A. Maximum Pump Flow (manufacturer's specs) _____ gallons per minute based on pump performance curve

B. Maximum Pumping System Flow is reduced to _____ gpm based on either(choose one only):

Measured Total Dynamic Head loss of _____ feet;

Calculated Total Dynamic Head loss of _____ feet;

Magnetic flow meter reading of _____ gpm;

Automatic flow limiting valve factory set at _____ gpm

Must provide supporting evidence for flow reduction

Drain Sump Measurements

Sump size(inside dimensions): _____ inches diameter(if round) or _____ inches by(X) _____ inches (if rectangular)

Sump minimum depth: _____ inches

Diameter of suction outlet pipe to pump: _____ inches

Distance of top (inside) of suction outlet pipe from bottom of cover/grate: _____ inches

Drain Cover/Grate data

(If multiple pumps with multiple drains on 1 pool, attach additional sheets with pump #2, #3, etc. data)

Number of main drains on same pumping system _____ Distance between drains (on centers) _____ inches ("NA" if single drain)

Drain cover manufacturer: _____ Model #: _____

Maximum flow rating of cover/grate: _____ gpm (floor); _____ gpm (wall)

Date drain cover/grates installed: _____ **Expiration date:** _____

Number of operable skimmer equalizers _____ (each surface skimmer usually has ONE equalizer line)

Equalizer fitting manufacturer: _____ Model #: _____ Maximum flow rating(gpm) _____

Date equalizer cover/grates installed: _____ **Expiration date:** _____

Name of person completing _____ Title _____
(PRINT)

Signature _____ Date _____