



Union County Environmental Health

Division of Union County Health Department

Phone: (704) 283-3553 Fax: (704) 283-3825

www.co.union.nc.us

This Application packet for SWIMMING POOL PLAN REVIEW includes:

1. Memorandum for Swimming Pool Operators and Owners
2. Application for Operation Permit
3. Pool Inspection Checklist
4. Monthly Pool Record form
5. Inspection of Swimming Pool form
6. Updated Fee Schedule
7. Public Swimming Pool Data Sheet

Return the completed packet containing

1. Application for Operation Permit
2. Fee of \$250.00
3. Public Swimming Pool Data Sheet
4. Two sets of plans
5. Cut sheets from:
 - a. Pump
 - b. Filters
 - c. Chlorinator

**To: Union County Environmental Health Department
500 North Main Street, Suite 36
Monroe NC 28112**



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MEMORANDUM

TO: Swimming Pool Operators and Owners

FROM: David J. Huneycutt, R. S.
Environmental Health Specialist

DATE: March 26, 2009

RE: Operation Permit

Enclosed is an application for an Operation Permit, the Pool Inspection Checklist, Monthly Pool Record form, an Inspection of Swimming Pool form, and an Updated Fee Schedule.

The application must be filled out **in full**. The checklist must be completed and the fee paid before an inspection is made. The fee is \$275.00 for **each** pool. Please note four (4) and six (6) demerit items are rule violations, which warrant denial of an operation permit or notification of intent to suspend an operation permit. The demerit items are found on the inspection sheet.

A \$75.00 fee will be charged for return visits for items not completed before or on our initial visit and to re-open a pool if closed due to rule violation(s). The fee must be paid before a return visit will be made, which will be during a one to two week period.

Please remember that **no public swimming pool shall operate unless the owner or operator has an operation permit issued by this department.** The permit is required by The General Statutes of the State of North Carolina and the North Carolina Public Swimming Pool Rules.

A current copy of the North Carolina .2500 Public Swimming Pool Rules can be found at: www.deh.enr.state.nc.us/ehs/rules/t15a-18a.25.pdf .

If you should have any questions, please feel free to contact me at 704-292-2548 or e-mail me at davidh@co.union.nc.us .

/jmm

Enclosures

N.C. Department of Environment and Natural Resources
Division of Environmental Health

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: _____

(Certificate Number: _____)

APPLICATION SUBMITTED BY:

Owner or operator: _____
Signature *Typed or printed name*

Date: _____

Purpose: General Statute 130A-282 requires the Commission for Health Services 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: Division of Environmental Health, Department of Environment and Natural Resources, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)

2009 POOL INSPECTION CHECKLIST page 1 of 3

DEPTH MARKINGS AND PLACEMENT

- At both ends of pools
- On the vertical wall of pool and on the edge of deck next to pool
- At points of maximum and minimum depths
- At the transition point
- Separate markings for Divine Area depths
- Not greater than 25 feet apart
- Must contain the word "feet" or abbreviation "ft"
- At least 4 inches high
- In contrasting color to background; slip resistant finish

SAFETY PROVISIONS

- 12 foot non-telescoping body hook pole
- Ring buoy (1/4 inch throwing rope 50 feet long or half pool width)
- Safety ropes as required to separate areas with properly spaced floats – 5'
- Two hook and rope units required when pool is over 3,000 square feet Number required and present _____
- Permanently mounted phone inside pool enclosure or within 75' of bather entrance; visible within pool enclosure or sign posted indicating location; capable of directly dialing 911 or other emergency notification system; accessible to all pool users

POOL MAINTENANCE

- Decks structurally sound, free of trip hazards
- No loose coping
- Artificial light provided to make all part of pool area visible
- Pool protected by fence
- Gate equipped with self-closing and positive latching closure
- Drain covers in good condition and securely attached with stainless steel screws/no suction
- No damaged face plates or fittings
- All fittings, baskets and weirs in place Baskets required and present _____
- Underwater light niches covered and not a hazard
- Diving equipment, pool slides and railing in good repair
- All breaks in grade, stairs, seats marked by contrasting color band
- Chemical storage area and equipment room with:
 - Approved pump, filter and flow meter – all working properly
 - Spare basket for each different size pump
 - Chlorine and Bromine feeders meet NSF Standard 50
 - Pipes and valves labeled
 - Backwash discharged through 6" air gap
 - Proper ventilation

2009 POOL INSPECTION CHECKLIST page 2 of 3

WATER QUALITY

- ph between 7.2 and 7.8
- Main drains visible, secure and in good repair
- Cyanuric acid below 100 ppm
- Bromine at least 2 ppm Level during inspection_____
- Chlorine at least 1 ppm for swimming pools Level during inspection_____
- Chlorine at least 2 ppm for wading pools Level during inspection_____
- Automatic chemical feeder used – must be NSF
- Test kits available and water quality log present
- Daily records kept for 6 months
- Type of disinfectant material will be used:_____

SPAS AND HOT TUBS

- Timer switch not to exceed 15 minutes Timer checked:_____
- Contrasting color bands on all steps, treads, seats and benches
- Sign provided if water temp exceeds 90 degrees
- At least one handrail
- Must meet emergency telephone requirements
- Chlorine at 1 ppm Level during inspection:_____
- Bromine at 2 ppm Level during inspection:_____

DRESSING/RESTROOM FACILITIES

- Accessible with running water and properly functioning sewage system
- Required facilities in good repair with smooth, non-slip floors kept clean
- Floor drains and hose bibs in place
- Mirrors to be shatterproof
- Water is to be 110° F

2009 POOL INSPECTION CHECKLIST page 3 of 3

REQUIRED SIGNS

Swimming Pools

- WARNING – NO LIFEGUARD ON DUTY** – letters at least 4” high
- CHILDREN SHOULD NOT USE THE SWIMMING POOL WITHOUT ADULT SUPERVISION** – letters at least 1” high
- ADULTS SHOULD NOT SWIM ALONE** – letters at least 1” high
- POOL CLOSED** (for use when closed)
- The location of the emergency phone is not clearly visible from the pool (Dialing instructions, address of the pool location and telephone number located at the emergency phone)
- A sign prohibiting pets and glass containers
- Sign directing pool users to shower before entering pool
- NO DIVING** markers on pool deck where water is less than 5 feet deep; no greater than 25 feet apart; letters at least 4” high; contrasting color to background OR 6 inch by 6 inch international symbol in red and black on a white background

Wading Pools

- WARNING – NO LIFEGUARD ON DUTY** - letters at least 4” high
- WARNING TO PREVENT SERIOUS INJURY DO NOT ALLOW CHILDREN IN WADING POOL IF DRAIN COVER IS BROKEN OR MISSING** – letters at least ½” high (if pool has only one main drain)
- POOL CLOSED** (for use when closed)
- Sign directing pool users to shower before entering pool

Spas

- CAUTION** – “Pregnant women; elderly persons; and persons suffering from heart disease, diabetes, or high or low blood pressure should not enter the spa/hot tub without prior medical consultation and permission from their doctor
 - Do not use alone
 - Unsupervised use by children is prohibited
 - Enter and exit slowly
 - Observe reasonable time limits (that is, 10-15 minutes), then leave the water and cool down before returning for another brief stay
 - Long exposure may result in nausea, dizziness, or fainting
 - Keep all breakable objects out of the area” – letters at least 1/2” in size
- POOL CLOSED** (for use when closed)

APRIL 1, 2006 ALL POOLS WITH SINGLE MAIN DRAIN SHALL BE PROTECTED FROM POTENTIAL BATHER ENTRAPMENT BY A SAFETY VACUUM RELEASE SYSTEM INSTALLED ON THE DRAIN PIPING AND SINGLE DRAINS SMALLER THAN 12 INCHES IN DIAMETER SHALL BE PROTECTED BY AN ANTI-ENTRAPMENT DRAIN COVER MEETING STANDARD.

Inspection of Swimming Pool Form

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Demerit Score: _____
Date of Insp/Chg _____
Status Code: _____

Health Department _____
Current Facility ID _____
Old Facility ID _____

Inspection of Swimming Pool

Water Supply: 1 Community 3 Non-Transient Non-Community
 2 Transient Non-Community 4 Non-Public Water Supply

Water sample taken today? YES NO
 1 Inspection Name Change
 2 Re-Inspection Verification of Closure
 V Visit Status Change

Wastewater System: 1 Community 2 On-Site System

Name of Establishment: _____
Location Address: _____
City: _____ **State:** NC **Zip:** _____

Pool Operator: _____
Mailing Addr.: _____
City: _____ **State:** _____ **Zip:** _____

	Points Deducted (Circle)	
WATER QUALITY: (.2535)		* Indicates critical item (6-point demerit)
*1. Water clear enough to clearly see bottom of pool and pool drain	6	IF ANY (4) OR (6) DEMERIT ITEMS ARE VIOLATED,
*2. Disinfectant residual provided by: free chlorine = _____ (at least 1.0 ppm or 2.0 ppm where required); bromine = _____ (at least 2.0 ppm); or biguanide = _____ (30 to 50 ppm).....	6	AN OPERATION PERMIT WILL NOT BE ISSUED..
*3. Pool water pH = _____ (7.2 to 7.8).....	6	FOR ANY POOLS IN OPERATION, ANY (6) DEMERIT
*4. Water temperature of heated pool _____ °F; does not exceed 90°F (swimming pool) or 104°F (spa)	6	ITEMS WARRANT IMMEDIATE SUSPENSION.
5. Daily written records of water quality and test kit kept on site	4	ANY (4) DEMERIT ITEMS WARRANT AN INTENT
POOL MAINTENANCE:		TO SUSPEND AN OPERATION PERMIT.
*6. Main drain covers secured and in good repair, no suction hazard. Single drains protected by April 1, 2006 (.2537, .2539).....	6	
7. Pool walls and floor kept clean, free of debris and in good repair (.2537).....	4	
8. Surface skimmers (with weirs, baskets and covers) or gutters clean, in good repair, and functioning properly, no floating debris (.2518, .2537)	4	
9. Depth markings and no diving markers or signs visible and properly located (.2523, .2537).....	4	
10. Safety ropes with floats and contrasting color bands provided at shallow area breakpoints (.2515, .2523).....	2	
11. Diving equipment, ladders, steps and handrails properly placed, in good repair (.2517, .2521).....	2	
12. Inlets and other fittings in place and in good repair (.2537).....	4	
13. Contrasting band on steps and benches (.2521, .2516, .2532).....	4	
14. Spa timer working properly (.2537).....	4	
PREMISES:		
*15. Body hook and ring buoy with throw rope or lifeguard with rescue tube provided and properly located (.2530, .2537)	6	
16. Fence or barrier with self-closing, self-latching gates properly constructed and maintained (.2528, .2537)	4	
17. Decks unobstructed, properly drained, free of trip hazards (.2522, .2537).....	4	
18. Lifeguards present or warning signs posted (.2530)	4	
19. Signs prohibit glass containers or pets in pool area(.2530)	4	
20. Caution signs posted at hot water spas (.2532)	4	
21. Pool and deck lighting provided at pools that operate at night (.2524, .2537)	4	
*22. Emergency telephone provided (.2530)	6	
EQUIPMENT ROOM:		
23. Chlorine or bromine automatic feeders that meet NSF Standard 50 (.2535)	4	
24. Approved pump, filter, and flow meter operating properly (2518, .2519)	4	
25. Equipment and chemicals kept in a dry, well-ventilated enclosure (.2533, .2534, .2537)	2	
26. Valves and pipes identified by color codes or labels (.2518)	2	
27. Filter backwash discharged through an air gap (.2513)	2	
DRESSING AND SANITARY FACILITIES:		
28. Bathhouse or rest rooms accessible; shower sign posted (.2526)	2	
29. Required fixtures provided, clean, and in good repair (.2526)	2	
30. Approved water source, no cross connections (.2512)	2	
31. Sewage disposed of in a properly operating sewage system (.2513)	2	
32. Floors smooth, slip-resistant, kept clean(.2526)	2	
33. Hose bibbs and floor drains provided (.2526)	2	

Inspection Conducted by: _____
Report received by: _____

EHS I.D.# _____ **Comment Sheet Attached**
 YES NO

Purpose: General Statute 130A-282 requires the Commission for Health Services to adopt rules governing Public Swimming Pools. 15A NCAC 18A .2511 specifies the contents of an inspection form to record the results of inspections. This form is developed to be used in making inspections of public swimming pools, spas, wading pools and water recreation attractions. Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for: 1. Original to be left with the responsible person. 2. Copy for the local health department. 3. Copy for the Environmental Health Services Section, Division of Environmental Health. Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the Records Disposition Schedule published by the N.C. Division of Archives and History. Additional forms may be ordered from: Division of Environmental Health, 1630 Mail Service Center, Raleigh, NC 27699-1630. \ DENR3960 (Revised 03/05) Environmental Health Services Section (Review 03/08)



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2009 SWIMMING POOL FEES

(Effective April 1, 2009)

Public Swimming Pool Operation Permit	\$275.00
Year Round Public Swimming Pool Operation Permit	\$275.00
Public Swimming Pool Plan Review	\$250.00
Public Swimming Pool Re-inspection Fee (Pool does not meet Rules to obtain Operations Permit)	\$75.00
Public Swimming Pool Re-Inspection Fee (Pool closed due to Rule Violation(s))	\$75.00
Private Swimming Pool Water Testing (Chlorine, pH, Alkalinity, Cyanuric Acid)	\$75.00

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 with _____ 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. Bathhouse/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)

(Title) (Date)