



Union County Environmental Health

Division of Union County Health Department

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

www.co.union.nc.us

MEMORANDUM

TO: Swimming Pool Operators and Owners

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

DATE: February 11, 2011

RE: Operation Permit

Enclosed you will find:

- A. Application for Operation Permit - must be filled out **in full**
- B. Pool Drain Safety Compliance Data Form – must be filled out
- C. Public Swimming Pool Data Sheet – to be filled out if changes were made to any items contained on Data Sheet
- D. Pool Inspection Checklist – to be completed by CPO
- E. Monthly Pool Record form – to be completed daily while pool is in operation
- F. Inspection of Swimming Pool form
- G. 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.

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)

Pool Drain Safety Compliance Data

Name of Pool _____

Address _____

If no changes in Pumps, Sump measurements or Drain Covers proceed to number 4 for Skimmer/Equalizer information.

1. Pump System Flow

Pump Manufacturer _____ Model Number _____

Maximum Pump Flow (manufacturer's specifications) _____ gallons per minute

Maximum Pumping System Flow is reduced to _____ gpm based on:

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

(Provide supporting evidence for flow reduction)

2. Drain Sump Measurements

Sump width: round _____ inches diameter; rectangle _____ inches X _____ inches

Sump minimum depth _____ inches Diameter of outlet pipe to pump _____ inches

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

3. Drain Cover/grate Data

Number of drains on same pumping system _____ Distance between drains (on centers) _____

Cover/grate manufacturer _____, model _____

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

4. Skimmer/Equalizers

Number of operable skimmer equalizers _____

Equalizer fitting Manufacturer _____ model _____

Equalizer fitting maximum flow rating _____

Full name of person providing this information _____

Signature _____ Date _____

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
 _____ Gunitite _____ 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)

2011 POOL INSPECTION CHECKLIST

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 (¼ inch throwing rope 50 feet long or one and a 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
 -Proper ventilation
 -Backwash discharged through 6" air gap

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

2011 POOL INSPECTION CHECKLIST

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.

Monthly Pool Record

Name of Pool _____

Month _____

Year _____

Water Supply _____
City, County, Well, etc.

Type of Pool _____
Swimming, wading, spa

Name of Pool Operator _____

Day of Month	Check Daily						Main Drain Covers	Temp of Heated Pool / Spa (90 F)	Check Weekly		Chlorine Used		Chemical Additions		Filters Backwashed	Pool Vacuumed	Pool Brushed	Initials	Comments
	_____am		_____pm		_____pm				Total Alkalinity	Cyanuric Acid	Solid lbs.	Liquid gal.	Type	Amount					
	Free Chlorine (>1ppm)	pH (7.2 - 7.8)	Free Chlorine (>1ppm)	pH (7.2 - 7.8)	Free Chlorine (>1ppm)	pH (7.2 - 7.8)													
1																			
2																			
3																			
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**Union County Environmental Health***Division of Union County Health Department**Phone: (704) 283-3553 Fax: (704) 283-3825**www.co.union.nc.us***2011 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