



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 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)

DENR 3961 (Revised 7/05)
Environmental Health Services Section (Review 7/08)



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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/grate 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: _____

Safety Vacuum Release System (SVRS) – SVRS required if dual drains are closer than 3 feet on center or pump has a single drain with blockable cover or sump. (Single drain pools must also have at least 1 functioning skimmer.)

Safety Vacuum Release System manufacturer - _____

Name of person completing form _____ Title _____ (PRINT)

Signature _____ Date _____