



Environmental Health
 500 N. Main Street
 Suite #47
 Monroe, NC 28112
 T. 704.283.3553
 unioncountyeh@unioncountync.gov
 www.unioncountync.gov

Application Request

APPLICATION TYPE:

- NEW FOOD SERVICE ESTABLISHMENT (\$250) - Complete Plan Review application
- 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
- 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 (\$200) 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: _____

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: _____

PUBLIC SEWER: YES NO **PUBLIC WATER:** YES NO **SEPTIC SYSTEM:** YES NO

Provide documentation that Establishment is on Public Sewer and/or Public Water **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 (VGB) Compliance Data Sheet

POOL INFORMATION
Name of Pool: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
PERMIT CANNOT BE ISSUED IF FORM IS INCOMPLETE
Pump System Flow Must submit a form for each pumping system
(If more than one type of pump on one pumping system, attach additional sheets with "pump #2, #3", etc.)
Pump Manufacturer _____ Model # _____ HP _____
Maximum Pump Flow (flow rate from manufactures' s pump curve) _____ gpm
Must provide supporting evidence for flow reduction
Drain Sump Measurements
This is the area under the floor drains, if field built sump may need to remove drain cover one time to measure. Check here if sumpless _____, then proceed to next section
Sump size(inside dimensions): _____ inches diameter(if round) or _____ inches by (X) _____ inches (if square)
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
Sump manufacture and model # if available _____
Drain Cover/Grate data
Number of main drains on same pumping system _____ Distance between drains (on centers) _____ inches ("NA" if single drain)
Drain cover/grate manufacturer: _____ Model #: _____ Lifespan: _____
Maximum flow rating of cover/grate: _____ gpm (floor); _____ gpm (wall)
Date drain cover/grates installed: _____ Expiration date: _____
Equalizer Covers
Number of operable skimmer equalizers _____ OR Have the equalizers been disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Equalizer fitting manufacturer: _____ Model #: _____ Lifespan: _____
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.
Safety Vacuum Release System manufacturer: _____
Vacuum line
<input type="checkbox"/> No vacuum line in pool OR
<input type="checkbox"/> Protective cover on vacuum lines installed before May 1, 2010 OR
<input type="checkbox"/> Self-closing, self-latching cover designed to be opened with a tool on vacuum lines installed after May 1, 2010
Name of person completing _____ Title _____ (PRINT)
Signature _____ Date _____