

Pender County
Health Department

...Building a healthier tomorrow...

Carolyn Moser, MPA
Health Director

January 10, 2023

Pool owners and operators:

Enclosed is a pool application to be completed before next pool season. To expedite the process, the completed application, including the \$250.00 permit fee, should be returned to this office by APRIL 30, 2023.

Please be mindful of any rule changes and make sure your pool meets all current rules and regulations. You must also make sure that the emergency phone is working properly. When the pool is ready, you need to contact the health department at 910-259-1233(Burgaw) or 910-270-5000 (Hampstead) for an inspection and permit. It is best to call for your appointment 1 to 2 weeks before your opening date to allow for scheduling. This also allows you time to correct any deficiencies and be re-visited prior to your scheduled opening date.

Respectfully,

Vence Dodge, R.E.H.S.
Environmental Health Supervisor
Pender County Health Department

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. 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)

Instructions for Completion and Submission of Pool Drain Safety Compliance Data Form

Please review the instructions below to ensure the Pool Drain Safety Compliance Data form is properly completed and submitted with all information required. All submissions will be need to be approved and verified by the Health Department prior to the issuance of an operation permit for the pool in accordance with Rule .2539(c).

POOLS WITH MULTIPLE PUMPING SYSTEMS MUST SUBMIT A FORM FOR EACH PUMPING SYSTEM.

1. **PUMP FLOW** – Enter the maximum flow from the manufacturer’s pump performance curve. Pump curves can be found online at <http://ehs.ncpublichealth.com/faf/pti/drainsafety.htm> and <http://charmeck.org/mecklenburg/county/HealthDepartment/EnvironmentalHealth/PublicSwimmingPools/Pages/default.aspx>
2. **DRAIN SUMP MEASUREMENTS** – Measurements are needed to determine the size of the cover/grate and to assure the sump is deep and wide enough to meet the requirements in the cover/grate manufacturer’s specifications. Information on documenting the size of the drain sump can be found at: <http://ehs.ncpublichealth.com/faf/pti/drainsafety.htm>
3. **DRAIN COVER/GRATE DATA** – Enter the manufacturer, model, lifespan expiration date and maximum flow for the main drain cover(s). Various approved covers can be found under *VGB Approved Drain Covers and Equalizer Covers* listed at the following website: <http://charmeck.org/mecklenburg/county/HealthDepartment/EnvironmentalHealth/PublicSwimmingPools/Pages/default.aspx> or at the drain cover manufacturer’s website.
4. **EQUALIZER COVERS** – Enter the number of operable equalizer line covers, the manufacturer, model, lifespan expiration date and maximum flow for the equalizer covers. Various approved covers can be found under *VGB Approved Drain Covers and Equalizer Covers* listed at the following website: <http://charmeck.org/mecklenburg/county/HealthDepartment/EnvironmentalHealth/PublicSwimmingPools/Pages/default.aspx> or at the equalizer cover manufacturer’s website. If all equalizer lines are disabled or pool has no equalizer lines, please indicate and provide details on the form.
5. **SAFETY VACUUM RELEASE SYSTEM (SVRS)** – SVRS is required if dual drains are closer than 3 feet on center or pump has a single drain with a blockable cover or blockable sump. Enter the manufacturer of the safety vacuum release system (SVRS). If using another secondary method of preventing bather entrapment allowed in Rule .2539(b), please attach documentation.
6. **VACUUM LINE** – If vacuum line ports are present in the pool, please indicate the type of cover(s) on the form.

FORM COMPLETION – A separate Pool Drain Safety Compliance Data form must be completed and submitted for each individual pool at a facility including spas, wading pools, and other pools.

The Health Department understands that the required information and/or measurements may be beyond the scope of owners or operators. In those cases, it is recommended that you contact a Registered Design Professional (Professional Engineer or Licensed Architect) or a knowledgeable pool professional to assist you in completing the form.

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Health Director**

Application For Public Swimming Pool Operation Permit

Pool Information:

Name of the Public Swimming Pool: _____

Street Address of Pool

Location: _____
Street City State Zip

Emergency Pool Side Phone Number: _____

Type of Public Swimming Pool (Check One):

Swimming Pool Spa Wading Pool Other (describe): _____

Date Constructed or Remodeled:

Before May 1, 1993

May 1, 1993 or later

Dates of Operation: Seasonal (April 1-October 31)

Requires permitting and one (1) inspection

Year Round (January 1-December 31)

Requires permitting and two (2) inspections

Hours of Operation: Opening Time: _____ Closing Time: _____

Will night swimming be conducted at this pool? Yes No

If yes, a separate inspection will need to be conducted at nightfall to evaluate lighting requirements prior to the operation permit being issued.

Pool Operator (On-site Manager) Information:

Name of Pool Operator: _____

Mailing Address:

_____ Street City State Zip

Phone Number: _____ Email Address: _____

Pool operator trained by: *(Attach Certificate)*

National Swimming Pool Foundation (NSPF) (Certificate Number: _____)

Other (please specify): _____

Pool Owner Information:

Legal Owner Name: _____

Legal Owner Address:

_____ Street City State Zip

Email Address: _____

Phone Number: _____ Fax Number: _____ Cell Number: _____

Application Submitted by:

Owner or Operator: _____
(Signature) (Typed or Printed Name)

Date: _____

803 S. Walker St., Burgaw, NC 28425 (910) 259-1230 Fax (910) 259-1258

Dental Center (910) 259-1503 Environmental Health (910) 259-1233 WIC (910) 259-1290

Pool Drain Safety (VGB) Compliance Data
PERMIT CANNOT BE ISSUED IF FORM IS INCOMPLETE

A separate form is required for each pumping system.

Name of Pool _____

Address _____

1. Pump Flow

Pump Manufacturer _____ Model # _____ Horsepower _____

Maximum Pump Flow. Maximum flow rate from pump curve: _____ gpm. (Provide supporting evidence if flow reduction)

2. 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 shape: Round- width: _____ inches diameter; **OR** Square- _____ inches X _____ inches

Sump minimum depth _____ inches Diameter of outlet pipe in sump _____ inches

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

Sump manufacturer and model # if available _____

3. Drain Cover/Grate Data

Number of drains on each pump _____ Distance between drains (on centers) _____ feet _____ inches

Cover/grate manufacturer _____, model _____, Lifespan: _____

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

Date drain cover/grates installed: _____ **EXPIRATION DATE:** _____

4. Equalizer Covers

Number of operable skimmer equalizers _____ **OR** Have the equalizers been disabled? YES / NO

Equalizer fitting Manufacturer _____, model _____, Lifespan _____

Equalizer fitting maximum flow rating _____ gpm

Date equalizer cover/grates installed: _____ **EXPIRATION DATE:** _____

5. 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 - _____

6. Vacuum Line Choose One

_____ No vacuum line in pool **OR**

_____ Protective cover on vacuum lines installed before May 1, 2010 **OR**

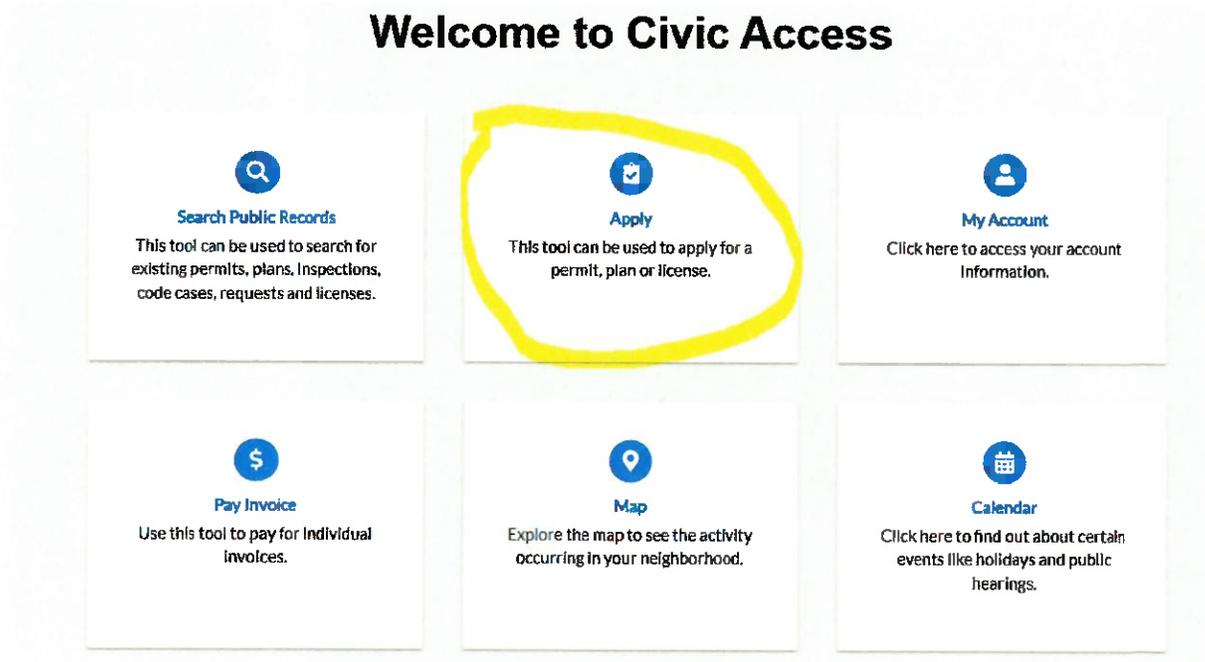
_____ Self-closing, self-latching cover designed to be opened with a tool on vacuum lines installed after May 1, 2010

Full name of person providing this information _____

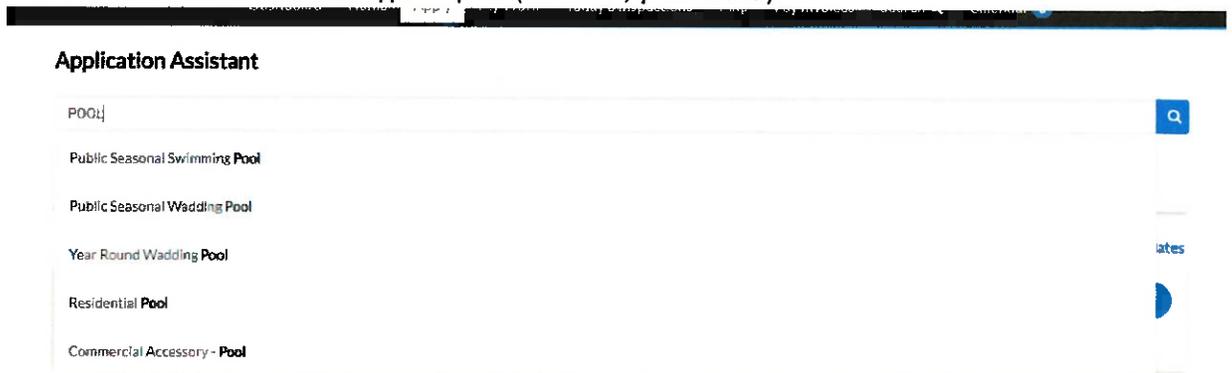
Signature _____ Date _____

<https://eplselfservice.pendercountync.gov/energovprod/selfservice#/home>

1. Login or Register (top upper right corner)
2. Click **APPLY**



3. Search POOL and select which type of pool (seasonal, year round)



4. Click **APPLY**.

Application Assistant

The screenshot shows the 'Application Assistant' interface. At the top, there is a search bar containing the text 'Year Round Wadding Pool' and a magnifying glass icon. Below the search bar is a horizontal navigation bar with five tabs: 'All' (with a home icon), 'Trending' (with a trending icon), 'My History' (with a person icon), 'PERMITS' (with a document icon), and 'PLANS' (with a document icon). Below the navigation bar, there is a link '> Show Categories'. The main content area displays a card for 'Year Round Wadding Pool'. The card includes the following information: 'Category Name: Environmental Health Service' and 'Description: Year Round Wadding Pool'. To the right of the card, there is a 'Show My Templates' link and a blue 'Apply' button, which is highlighted with a yellow hand-drawn circle.

5. Follow the steps.

Enter your address. Click **NEXT**.

Verify your permit type. Click **NEXT**.

Enter contacts. Click **NEXT**.

Scroll down to POOLS and enter information. Click **NEXT**.

This is where you will upload your application, spec sheet, & other paperwork. Click **NEXT**.

Check your information. Click **SUBMIT**.