

**APPLICATION FOR PUBLIC SWIMMING POOL
OPERATION PERMIT**

**Brunswick County Health Services, Environmental Health Section
25 Courthouse Drive NE ▪ P. O. Box 9 ▪ Bolivia, NC 28422
(910)253-2150**

Email: env-health@brunswickcountync.gov

<i>Office Use Only</i>
Reviewed: _____
Notes: _____
Approved for EHS: _____

PLEASE NOTE:

- **Application processing may take up to two weeks. Incomplete forms will not be processed.**
- **A \$25 revisit fee will be assessed for pools that cannot be permitted at initial requested inspection.**

POOL INFORMATION

Name of swimming pool: _____

Street address of swimming pool: _____

Type of public swimming pool: (choose location and type) Indoor Outdoor
 Swimming Pool Spa Wading Pool
 Specialized Water Recreation Attraction Special Purpose and Therapy Pool

Dates of operation: **\$200 for seasonal pool (pools operating April 1st-October 31st)**
(check one) **\$300 for year-round pool (pools operating January 1st-December 31st)**

Opening date: _____ Closing date: _____

Hours of operation: Opening time: _____ Closing time: _____

Date pool constructed or remodeled: (check one) Before May 1, 1993 May 1, 1993 or later

Date fence installed/replaced: (check one) Before May 1, 2010 May 1, 2010 or later

Type of disinfection: _____

Has any equipment been replaced since the last permit was issued? YES NO

If yes, please list: _____

OWNER INFORMATION

Name of Owner/POA/HOA: _____

Mailing address: _____

Contact person: _____ Telephone: _____

Email address: _____

OPERATOR (on-site manager) INFORMATION

Name of pool operator: _____

Address: _____

Telephone: _____ Email address: _____

Operator trained by _____ Certification # _____

SUBMIT THE FOLLOWING TO THE ADDRESS ABOVE TO BEGIN THE APPLICATION PROCESS:

- Application for Public Swimming Pool Operation Permit (Separate application for each pool/spa)
- Pool Drain Safety (VGB) Compliance Data Sheet(s)
- Pool permit fee (Separate fee for each pool/spa)

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Application Submitted by:

Name (Print & Sign): _____

Date: _____ **Telephone:** _____

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

A separate form is required for each pump including circulation, jet or feature.

Name of Pool _____ ID# _____

1. Pump Flow

Pump Manufacturer _____ Model # _____ Horsepower _____

Maximum Pump Flow at highest speed **FROM PUMP CURVE**: _____ gpm. Pump use: Circulation / jet / feature (circle one)

Has pump been serviced (disconnected from power for any reason) or changed out in last 12 months? YES / NO

Flow meter manufacturer _____ Flow meter reading _____ GPM

2. Drain Sump Measurements Is drain cover sumpless? YES/NO (if Yes, proceed to section #3)

Sump manufacturer and model _____ OR: Field built sump (circle if yes)

Diameter of pipe entering sump _____ inches. Pipe enters through BOTTOM /SIDE of sump (Must circle one)

Distance between highest point of outlet pipe and top edge of sump _____ inches. Sump dimensions _____

3. Drain Cover Data – MUST BE INSTALLED PER MANUFACTURER’S INSTRUCTIONS- Attach Instructions to form.

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

Cover/grate manufacturer _____, model _____, VGBA approval 2008 / 2017 (circle one)

Maximum flow rating of cover/grate _____ gpm Cover(s) located on pool: Floor / wall (circle one)

Date installed _____ Lifespan _____ **EXPIRATION DATE** _____

4. Equalizer Covers

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

Equalizer fitting Manufacturer _____, Model _____, Lifespan _____

Bulkhead adaptor Manufacturer _____, Model _____, Date Installed _____

Diameter of equalizer pipe _____ Cover is located on (circle where mounted): Floor / wall

Equalizer fitting maximum flow rating _____ gpm.

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

5. Safety Vacuum Release System (SVRS) –Safety Vacuum Release System manufacturer/model# -

_____ You will be required to demonstrate effectiveness during permitting inspection. Date last tested _____

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 _____

NCDHHS

Revised 1/27/2022 for immediate use.