

ALAMANCE COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION  
209 N. Graham-Hopedale Road  
Burlington, NC 27217

Phone: (336) 570-6367 Email: [Eh.admin@alamancecountync.gov](mailto:Eh.admin@alamancecountync.gov) Fax: (336) 570-6362

**APPLICATION FOR PUBLIC SWIMMING POOL OPERATION PERMIT**

**NON-REFUNDABLE FEE FOR EACH SWIMMING POOL, WADING POOL, SPA**

Name of public swimming pool: \_\_\_\_\_

Street address of pool location: \_\_\_\_\_

City: \_\_\_\_\_ NC Zip: \_\_\_\_\_

Type(s) of public swimming pool: (Check all that apply)

	*Seasonal \$140	*Year-round \$190
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Wading Pool	<input type="checkbox"/> Wading Pool	<input type="checkbox"/> Wading Pool
<input type="checkbox"/> Spa	<input type="checkbox"/> Spa	<input type="checkbox"/> Spa

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: \_\_\_\_\_

For pools allowing swimming after dark, a lighting assessment prior to permitting will be required at night by the Health Department to determine if lighting is sufficient to meet the requirements in rule .2524.

**OWNER INFORMATION:**

Name of owner: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**OPERATOR (On-Site Manager) INFORMATION:**

Name of pool operator: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Pool operator trained by: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

**APPLICATION SUBMITTED BY:**

Owner or operator: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature*

Typed or printed name: \_\_\_\_\_

*The rules in 15A NCAC 18A .2500 require the owner or operator to apply annually for an operation permit for each public swimming pool. A separate application must be completed for each public swimming pool.*

\*Definition: Seasonal pools are operated & maintained from April 1 through October 31

Year-round pools are operated and maintained year-round. Permit is valid 1 year from date of issuance



**ALAMANCE COUNTY ENVIRONMENTAL HEALTH  
APPLICATION FOR SERVICES**

**PROPER PHOTOGRAPHIC IDENTIFICATION IS REQUIRED**

I certify that I am the owner or owner's legal representative, have contracted to purchase, or have been contracted by the owner of the property to provide a service on the property referenced herein and that such service requires a permit issued by the Alamance County Health Department for the following permits: Improvement Permit, Construction Authorization, Well Permit, Existing Wastewater System Inspection, Water Sample, Tattoo, Swimming Pool, Swimming Pool Plan Review, Food Services, Child Day Care, Rest Home, Food Service Plan Review and Permit, etc.

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
(Applicant)

Mailing Address \_\_\_\_\_

Agency/Firm \_\_\_\_\_

Property Owner \_\_\_\_\_  
(If different From Applicant)

I certify that all of the information set forth on this form is accurate.

\_\_\_\_\_  
(Signature)

<b><u>FOR OFFICE USE ONLY</u></b>	
Identification Type _____ (No Identification number)	Verified By _____ (Initial)

## **Instructions for Completion of the Pool Drain Safety Compliance Data Form**

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

### **A FORM FOR EACH PUMPING SYSTEM MUST BE PROVIDED.**

1. **PUMP FLOW** – Enter the maximum flow from the manufacturer’s pump performance curve. For variable speed pumps, enter the maximum flow at the highest speed. If a flow reduction is requested, attach required documentation. A functioning flow meter will be required to permit a pool with a flow reduction.
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.
3. **DRAIN COVER/GRATE DATA** – Enter the manufacturer, model, lifespan expiration date and maximum flow for the main drain cover(s). For VGBA 2017 covers, attach a copy of the flow rate chart.
4. **EQUALIZER COVERS** – Enter the number of operable equalizer line covers, the manufacturer, model, lifespan expiration date and maximum flow for the equalizer covers. Provide bulkhead adaptor information. If all equalizer lines are disabled or pool has no equalizer lines, please 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). SVRS must be tested according to manufacturer’s instructions, provide date of last test. If using other secondary method of preventing bather entrapment per 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.**

**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)

Flow rating from instructions \_\_\_\_\_ 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 4/1/2022 for immediate use.

<b>FOR OFFICE USE ONLY:</b>	
Office verification:	Field verification:
REHS: _____ Date: _____	REHS: _____ Date: _____