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: flplans@brunswickcountync.gov

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)
_____ Pool Drain Safety (VGB) Compliance Data Sheet(s)
_____ Pool permit fee  (Separate fee for each pool)

**Incomplete forms will not be processed.**
**A $25 revisit fee will be assessed for pools that cannot be permitted at initial requested inspection.**

Application Submitted by:
Name (Print & Sign): _________________________________________________________________
Date: ___________________________  Telephone: _________________________________________

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**Pool Drain Safety (VGB) Compliance Data**

**PERMIT CANNOT BE ISSUED IF FORM IS INCOMPLETE**

*A separate form is required for each pumping system*

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**Name of Pool:** ____________________________________________________________

**Address:** __________________________________________________________________

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**1. Pump Flow:**

Pump Manufacturer: ___________________________ Model: ___________________ Horsepower: ____

Maximum Pump Flow. Maximum flow rate from pump curve: __________

(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): _______________________________________

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**3. Drain Cover/Grate Data:**

Number of drains on each pump: ____ Distance between drains (on centers): __________________________

Cover/grate manufacturer: ___________________________ Model: __________________ Lifespan: _____

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

Date drain cover/grates installed: ________________ EXPIRATION DATE: ________________

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**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: ________________

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**5. Safety Vacuum Release System (SVRS):** Required if dual drains are closer than 3 feet on center or pump has a single drain with blockable cover or sump.

SVRS manufacturer: __________________________________________________________

**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

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Pool Drain Safety Compliance Data Provided by:

**Name (Print & Sign):** ________________________________________________________

**Date:** __________________________