



# 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 1<sup>st</sup>-October 31<sup>st</sup>)  
 (check one)             \$300 for year-round pool (pools operating January 1<sup>st</sup>-December 31<sup>st</sup>)

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 (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.)

Has this pump been replaced since the previous permit was issued?  YES  NO

Note: An electrical inspection is required by your local building inspections department every time the bonding wire is reconnected to the motor. If yes, attach copy of electrical inspection.

**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 from top (inside) of outlet pipe to 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): \_\_\_\_\_

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

Note: If any equalizers have been disabled, complete a Notice of Disabled Equalizer(s) form and submit with this application.

Equalizer fitting manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Lifespan: \_\_\_\_\_

Equalizer fitting maximum flow rating: \_\_\_\_\_ gpm

Date equalizer cover/grates installed: \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**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.

Is a safety vacuum release system (SVRS) installed on this pool?  YES  NO

If yes, 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: \_\_\_\_\_