

**ADDRESS:**

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**HEALTH DEPARTMENT**  
**DIRECTOR**  
ALISON COCHRAN

**ENVIRONMENTAL HEALTH**  
**SUPERVISOR**  
JONATHAN JONES

## SWAIN COUNTY

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### **MEMORANDUM**

TO: All Pool Owners and Operators  
FROM: Swain County Health Department  
DATE: March 1, 2020  
SUBJ: Public Swimming Pool Application & Fee

If you intend to operate your pool this season please complete the attached application. Submit the application and a check for \$100.00 for each pool and spa permit to Swain County Health Department. The Pool Drain Safety Compliance Data sheet (attached) will need to be filled out before you call to have your permit issued on your pool or spa. This is a requirement and no permits will be issued unless it is fully completed. The Pool Drain Safety Data Sheet must be completed each year even if information has not changed, you must sign and date this sheet each year with the information provided. If the application and data sheet are not COMPLETELY filled out or says "same as last year" this will delay the time in which you are scheduled for your pool inspection.

All scheduled pool inspections are expected to be prepared and ready at time of inspection. If there are any additional visits required due to the pool not being ready it will cost \$50.00 per visit after the initial scheduled inspection.

A copy of the rules governing Public Swimming Pools may be found at <http://ehs.ncpublichealth.com/docs/rules/294306-9-2500.pdf>

For any questions you may call our office at (828) 488-3198.

N.C. Department of Environment and Natural Resources  
Division of Environmental Health  
**APPLICATION FOR PUBLIC SWIMMING POOL OPERATION PERMIT**  
**POOL INFORMATION:**

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

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

City: \_\_\_\_\_ County: \_\_\_\_\_

Type of public swimming pool: *(check one)*

- Swimming pool
- Wading pool
- Spa
- Other *(describe)* \_\_\_\_\_

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 date \_\_\_\_\_ Closing Date \_\_\_\_\_

Is this pool open for night swimming?  Yes  No

**OWNER INFORMATION**

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

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

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

Email Address: \_\_\_\_\_

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

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

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

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

Email Address: \_\_\_\_\_

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

(Certificate Number): \_\_\_\_\_

**Each application must include payment of \$100.00**

**APPLICATION SUBMITTED BY:**

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

*Signature*

*Typed or printed name*

Date: \_\_\_\_\_

Purpose: General Statute 130A-282 requires the Commission for Health Services to adopt rules governing public swimming pools. The rules in 15A NCAC 18A .2500 require the owner or operator to apply annually for an operation permit for each public swimming pool. This form is to allow owners or operators of public swimming pools to apply for permits. Preparation: The information requested on this form is to be completed by the pool owner or a designated representative of the owner. The completed application is submitted to the local health department for the county in which the public swimming pool is located. A separate application must be completed for each public swimming pool. Copies: Original to be maintained at the local health department. Disposition: Please refer to Records Retention and Disposition Schedule 8.B.6., for County/District Health Departments which are published by the North Carolina Division of Archives & History.. Reorder: Additional forms may be ordered from: Division of Environmental Health, Department of Environment and Natural Resources, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00) DNR 3961 (Revised 7/05) Environmental Health Services Section (Review 7/08)

**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) \_\_\_\_\_

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 \_\_\_\_\_

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 - \_\_\_\_\_

**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 \_\_\_\_\_

## **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.