

CONSOLIDATED HUMAN SERVICES

Health Department
Environmental Health



January 28, 2020

To Whom It May Concern

The 2020 Swimming Pool season is just around the corner and now is the time to start thinking about maintenance and other requirements needed to operate your pool this season.

You must obtain a permit from the Onslow County Health Department each year before operating a public pool. Enclosed you will find an application for this year's permit. Please complete a **separate application** for each pool, wading pool, or spa. If you need more than one application, feel free to make copies of the enclosed application or contact us for additional copies. **Please provide an email address on your completed application.**

Return each completed application along with a permit fee of **\$225.00** for **each** pool, spa, and wading pool as soon as possible but no later than April 30, 2020 for seasonal pools. Make checks payable to the Onslow County Health Department and place the name of the pool on the check. This will allow staff to efficiently process the application and will eliminate possible delays in scheduling inspections.

If you operate your pool year-round, your permit expires annually on its issuance date. **Please check the date of your current permit and apply for a new permit at least 30 days prior to its expiration date.**

Unless your pool complies with all requirements of the current rules, a permit cannot be issued. **If the permit cannot be issued at the time of inspection, a revisit fee of \$65.00 will be incurred and must be paid before another inspection will be scheduled.**

Additionally, once you have submitted your application, fee, and the pool is ready to open please contact our office to schedule an inspection. The Onslow County Government Offices will be closed for business May 25, 2020, do not hesitate to contact our department with any questions or concerns at 910-938-5851.

Before any pool is issued an Operations Permit for the 2020 pool season it will be necessary for all pool owners or operators to provide documentation of when the safety covers were replaced. It is also likely some pools have changed pumps over the last five years, which could also affect selection of appropriate cover/grates to match the maximum pump system flow. For those reasons this department will require pool owners to complete a Drain Safety Compliance Form with each application, attached with instructions, to indicate any change of cover/grate and/or pump installed on the pool since the original compliance check in 2010.

As industry is moving away from submerged suction outlets in new or remodeled pools, pool owners have also expressed a desire or need to eliminate skimmer equalizer line covers all together at existing pools. It is our desire to completely eliminate the skimmer equalizer lines this season if you choose to do so. Beginning immediately, pools may disable (plug) their skimmer equalizer lines which will eliminate the need for equalizer line covers and thus eliminate potential submerged suction hazards at your pool. Pools **are not required** to permanently disable or plug their skimmer equalizer lines. It is **optional**. Existing pools that would like to keep their equalizer lines covered with appropriate equalizer fittings may do so. The pool owner or operator will need to provide information regarding the manufacturer, model, maximum flow, life span, and installation date on the Pool Drain Safety Compliance Data form that is submitted to the local health department each year. For pools that choose the option to permanently disable or plug their skimmer equalizer lines, it will eliminate the need to maintain and provide updated equalizer line covers. For pools that disable their equalizer lines

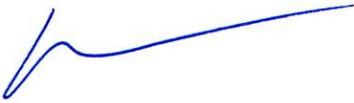
the information shall be supplied on the Pool Drain Safety Compliance Data form submitted to our office with the pool application.

If your pool was constructed with a vacuum port it “*shall have self-closing caps designed to be opened with a tool*” [.2518 (f)]. Readily accessible ports by bathers will not be permitted to operate and a replacement port shall be installed before a permit can be issued.

Also, please see attached Electrical System Safety at Public Swimming Pools. All forms that have been attached can be accessed on the Environmental Webpage @ <http://www.onslowcountync.gov/668/Environmental-Health-Division>.

If you have any questions please do not hesitate to call our department at 910-938-5851, fax 910-989-5819, or email Environmental_Health@onslowcountync.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Walter Doyle', with a long horizontal stroke extending to the right.

Walter Doyle, Environmental Health Director
Onslow County Health Department
Consolidated Human Services
234 NW Corridor Blvd
Jacksonville, NC 28540

Enclosures:

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 Time: _____ Closing Time: _____

OWNER INFORMATION:

Name of Owner: _____

Mailing Address: _____ Email Address: _____

Contact person: _____ Telephone: _____

OPERATOR (On-Site Manager) INFORMATION:

Name of pool operator: _____

Address: _____ Email Address: _____

Telephone number: _____ Daytime number: _____

Pool operator trained by: _____ Certificate Number _____

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)

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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.

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 _____

NCDHHS
Revised 10/2016

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.