

Permit #: \_\_\_\_\_



**Moore County Health Department  
Environmental Health Section  
PO Box 279, Carthage, NC 28327  
Phone (910) 947-6283  
Fax (910) 947-5127**



**APPLICATION FOR APPROVAL TO CONSTRUCT OR RENOVATE A PUBLIC  
SWIMMING POOL**

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Type of Plan Review:**

New Construction       Remodel       Other

**Type of Pool:**

Swimming Pool     Spa/Hot Tub     Wading Pool  
 Special Purpose or Therapy Pool  
 Water Recreation Attraction (please specify): \_\_\_\_\_

**Community Served (please check all that apply):**

Fitness/Athletic     Swim Club     Spa Institution     Hotel/Motel  
 Subdivision/Apartment Complex     Institution  
 Other: \_\_\_\_\_

**Select All That Apply:**

Indoor     Outdoor     Year-Round     Seasonal (April 1-October 31)

**Water Supply:**       Community     Well

**Sewage Disposal:**       Community     Onsite System

Pool overflow and backwash to: \_\_\_\_\_

<b>Owner:</b> _____
<b>Mailing Address:</b> _____ Street _____ City, State _____ Zip Code _____
Phone Number: _____ Email: _____
Alternate #: _____ - _____ - _____



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**Contractor:** \_\_\_\_\_

Address of Contractor: \_\_\_\_\_  
Street \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number ----- Email: \_\_\_\_\_

Alternate #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Pools shall be constructed by a contractor licensed by NC Licensing Board for General Contractors as required by G.S. 87-1*

**Engineer:** \_\_\_\_\_

Address of Engineer: \_\_\_\_\_  
Street \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number ----- Email: \_\_\_\_\_

Alternate #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Pool plans and specifications shall be prepared by a registered design professional as required by G.S. 89C Engineering or G.S. 83A Architecture*

**The owner shall submit:**

- A minimum of two complete sets of plans for review. Plans shall be drawn to scale. All prints and drawings shall be a minimum of 18 x 24 inches and a maximum size of 36 x 42 inches. Plans shall include:
  1. Plan and sectional view dimensions of both the pool and the area enclosed by the barrier fences to include the bathhouse and the equipment room and pool accessories;
  2. Specifications of all treatment equipment used and their layout in the equipment room;
  3. A piping schematic showing piping, pipe size, inlets, main drains, skimmers, gutter outlets, vacuum fittings and all other appurtenances connected to the pool-piping system;
  4. Layout of the chemical storage room; and
  5. Specifications for the water supply and wastewater disposal systems that include aspects such as well location and backwash water disposal where applicable.
- Plan review fee payment
- Application for approval to construct or renovate a public swimming pool



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- Specification documents submitted for: If Applicable:  
  

___ Circulation Pump	___ Pool Heater
___ Filter	___ Slide
___ Automatic Chemical Feeder	___ Diving equipment
___ Skimmers	___ Surge Container
___ Adjustable Inlets	___ Variable Height Surface Skimmer
___ Return Flow Meter	___ Water Recreation Features
___ Main Drain Covers/Grates	___ Feature Pump
	___ Spa Timer

**POOL**

Will pool be lifeguarded?  Yes  No

Number of units of life saving equipment: Ring Buoy & Body Hook: \_\_\_\_\_ of each

Location of emergency pool phone: \_\_\_\_\_

Pool Surface Area: \_\_\_\_\_ sq. ft

Pool Perimeter: \_\_\_\_\_ ft

Volume: \_\_\_\_\_ gallons

Design Flow Rate: \_\_\_\_\_ gpm

Turnover Rate: \_\_\_\_\_

Maximum User Loading for Pool: \_\_\_\_\_

Materials of Construction:

Pool Shell:  Concrete  Vinyl  Gunite  Fiberglass

Other: \_\_\_\_\_

Pool Finish Color: \_\_\_\_\_

Pool Surface Finish Slip Resistant?  Yes  No

Shallow Area Depth: \_\_\_\_\_ ft

Pool Area <5 ft deep: \_\_\_\_\_ sq. ft Slope in <5 ft deep: \_\_\_\_\_

Pool Area >5 ft deep: \_\_\_\_\_ sq. ft Slope in >5 ft deep: \_\_\_\_\_

Number of Skimmers: \_\_\_\_\_

Number of Inlets: \_\_\_\_\_

Skimmer Pipe Size: \_\_\_\_\_ in

Inlet Pipe Size: \_\_\_\_\_ in

Max GPM Equalizer Cover Can Handle: \_\_\_\_\_



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Main Drain Size: \_\_\_\_\_ in Max GPM Main Drain Cover Can Handle: \_\_\_\_\_  
Main Drain Pipe Size: \_\_\_\_\_ in Number of Main Drains: \_\_\_\_\_

Fill Spout:

Location: \_\_\_\_\_ Size of Pipe: \_\_\_\_\_

Type of Disinfection:  Chlorine  Bromine  Salt Water System  Biguanide

Number of ladders provided: \_\_\_\_\_ Sets of steps and handrails provided: \_\_\_\_\_

Night Time Swimming:  Yes  No

Underwater Lighting (if provided): \_\_\_\_\_ watts/sq. ft of water surface  
\_\_\_\_\_ lumens/sq. ft of water surface

Deck Lighting (if provided): \_\_\_\_\_ ft-candles

Decking:

Type:	Finish:
Slope:	Width:
Deck Drains:	Hose bib:

Barrier Fence:

Fence/entrance gate detail drawn on plan?  Yes (skip to next section)

No (provide fence schematic)

Type: \_\_\_\_\_ Fence Height: \_\_\_\_\_ ft

Type of Release Mechanism on Access Gate(s): \_\_\_\_\_

Height of Release Mechanism on Access Gate(s): \_\_\_\_\_ in

**RESTROOMS AND SHOWERS:** A SCALED DRAWING OF THE RESTROOM FACILITIES MUST BE SUBMITTED EVEN IF THE RESTROOM FACILITIES WERE CONSTRUCTED PRIOR TO APPLICATION FOR POOL CONSTRUCTION.

*Note: Session Law 2011-39 Senate Bill 368 states in part that requirements related to dressing and sanitary facilities do not apply to interactive play attractions.*

Number of fixtures provided:

Males	Females
Showers:	Showers:
Lavatories:	Lavatories:
Water Closets:	Water Closets:
Urinals:	



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Bench or room provided for dressing?  Yes  No  
Are showers provided on the pool deck enclosure?  Yes  No  
Are showers drained to sanitary sewer?  Yes  No  
Sloped floor drains provided?  Yes  No  
Non-skid floor finish?  Yes  No

**CHEMICAL AND EQUIPMENT ROOM:**

Chemical Room Dimensions: \_\_\_\_\_ width \_\_\_\_\_ length \_\_\_\_\_ height

Shelf provided  
 Lighting provided

Type of Ventilation:  Natural Cross Draft  Continuous Forced  Vented away from pool

Equipment Room Dimensions: \_\_\_\_\_ width \_\_\_\_\_ length \_\_\_\_\_ height

Lighting provided  
 Floor drain to sanitary sewer  Weatherproof  
 Floor sloped not less than ¼ inch to drain

**CALCULATIONS:** **Show calculations.**

Pool Perimeter:	Surface Area:
Volume (in gallons):	Design Flow Rate (gpm):
Turnover Rate:	Bather Load:



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**RESPONSIBILITY:**

**The Department** shall approve, disapprove or provide written comment on plans and specifications for public swimming pools within 30 days of their receipt. If such action is not taken within 30 days, the plans and specifications are deemed approved. If construction is not initiated within one year from the date of approval, the approval is void.

**The Swimming Pool Contractor** shall contact the local health department when pool pipes are in place and visible, before concrete is poured, so that the local health department may conduct an open-pipe inspection of the pool piping.

Upon completion of construction, the contractor shall notify the local health department and the owner. The contractor shall provide the owner with a complete set of drawings, which show built, the location of all pipes and the connections of all equipment and written operating instructions for all equipment.

Prior to issuances of the operation permit, **The Owner** shall submit to the local health department a statement signed by a registered design professional stating that construction is complete and in accordance with approved plans and specification and approved modifications.

Omissions or non-compliance with the .2500 NC Public Swimming Pool Rules will result in plans being disapproved.

No construction shall be initiated until plans are approved. If construction is not initiated within one year after plan approval, the approval is void.

Any deviation from approved plans without prior approval from the Department will void approval.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner



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## **Pool Drain Safety Compliance Data**

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

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 \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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**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.**