

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: _____

Owner: _____

Mailing Address: _____
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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- | | |
|--|--|
| • <u>Specification documents submitted for:</u> | <u>If Applicable:</u> |
| <input type="checkbox"/> Circulation Pump | <input type="checkbox"/> Pool Heater |
| <input type="checkbox"/> Filter | <input type="checkbox"/> Slide |
| <input type="checkbox"/> Automatic Chemical Feeder | <input type="checkbox"/> Diving equipment |
| <input type="checkbox"/> Skimmers | <input type="checkbox"/> Surge Container |
| <input type="checkbox"/> Adjustable Inlets | <input type="checkbox"/> Variable Height Surface Skimmer |
| <input type="checkbox"/> Return Flow Meter | <input type="checkbox"/> Water Recreation Features |
| <input type="checkbox"/> Main Drain Covers/Grates | <input type="checkbox"/> Feature Pump |
| | <input type="checkbox"/> 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.