



**Moore County Health Department  
Environmental Health Section**

PO Box 279, Carthage, NC 28327

Phone (910) 947-6283

Fax (910) 947-5127



**OPERATION PERMIT APPLICATION  
FOR PUBLIC SWIMMING POOL**

**POOL INFORMATION**

Name of facility \_\_\_\_\_

Pool address \_\_\_\_\_ City \_\_\_\_\_

**PERMIT TYPE**

- ☐ Seasonal  
☐ Annual

**POOL TYPE**

- ☐ Swimming pool  
☐ Wading pool  
☐ Spa  
☐ Wet deck

**DISINFECTION TYPE**

- ☐ Chlorine (solid)  
☐ Salt generator  
☐ Bromine

**CONSTRUCTED**

- ☐ Before May 1, 1993  
☐ After May 1, 1993

**OPERATING INFORMATION**

Projected opening date \_\_\_\_\_ Closing date \_\_\_\_\_ Pool hours \_\_\_\_\_

Have main drain covers or skimmer equalizers changed since last permit was issued?

No

☐ Yes

**Must attach new PDSC sheet each year.**

**OWNER INFORMATION**

Name \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact person \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**OPERATOR INFORMATION**

Name \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact person \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Certified Pool Operator certificate # \_\_\_\_\_ Issued by \_\_\_\_\_

**APPLICATION SUBMITTED BY - Signature** \_\_\_\_\_

Date \_\_\_\_\_ Printed name \_\_\_\_\_