



November 1, 2023

PUBLIC SWIMMING POOL OPERATORS AND OWNERS:

This is a reminder that applications, copy of certified pool operator license, safety compliance data sheets (one for each pump) and fees for swimming pools, wading pools and spas are due on January 1, 2024.

The fees this year are \$100.00 for a single pool and \$200.00 for multiple pools and spas. Please make your checks payable to the Henderson County Department of Public Health.

Please complete the enclosed copies of the application and data sheets. All information on the data sheets must be provided. Please fill these out for each pool and/or spa and return these to our department along with your fee and a copy of your current Certified Pool Operator License as soon as possible. This will help to ensure quick service when you are ready to open for the season.

******PLEASE NOTE******

AN OPERATION PERMIT CANNOT BE ISSUED IF THE DRAIN COVER/GRATE OR EQUALIZER COVER HAS EXPIRED.

If you have questions, please feel free to contact this office at (828) 694-6043.

Sincerely,

Garrett Rapp, REHS

Environmental Health Program Specialist

N.C. Department of Health and Human Services

Division of Public Health

Environmental Health Section

Application for Public Swimming Pool Operation Permit**Pool Information:** Date: _____

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: _____ Email: _____

Contact person: _____ Telephone: _____

Mailing address: _____

Operator (On-Site Manager) Information:

Name of pool operator: _____

Address: _____

Telephone number: _____ Email: _____

Pool operator trained by: _____ Certificate number: _____

Application Submitted By:

Owner or Operator: Sign: _____ Print: _____

Purpose: General Statute 130A-282 requires the Commission for Public Health to adopt rules governing public swimming pools. The rules in ISA NCAC I SA .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: Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632. (Courier 52-01-00)

Pump Type
 Filtration Pump
 Feature Pump

Health Use Only:	
Date Received:	_____
Approved:	Disapproved: _____
Initials:	_____

Henderson County Health Department Pool Drain/Suction Compliance Form

A separate form is required for each pumping system.

Facility Name _____ **Pool ID#** _____

Physical Address _____ **City** _____ **Zip** _____

All applicable sections of the form must be completed. Provide pump curves and manufacturer cut sheets for all information listed on this form. Missing or incomplete information will result in DISAPPROVAL of the submission and denial/suspension of permit.

Has pump been serviced (disconnected from power for any reason) or changed out in last 12 months? YES or NO

1. **Pump System Flow** - Complete EITHER A or B below, not both.

Pump Manufacturer _____ Model # _____ HP _____

A. Maximum Pump Flow _____ gpm *Max flow taken from pump manufacturer pump curve.*

B. Maximum Pumping System Flow is reduced to _____ gpm *Taken from calculated design flow or true flow reading.*

Fill out B(i) OR B(ii). Provide all information for flow meter section.

<p>i. Calculated Total Dynamic Head and Pump Curve</p> <p>TDH Calculations <i>(Gauge PSI x 2.31) + (Gauge Hg x 1.13)</i></p> <p>(____ x 2.31) + (____ x 1.13) = ____ ft. head loss</p> <p><i>Design Flow</i> = _____ GPM</p> <p>Provide/attach photograph documentation of pressure gauges after backwash. Provide pump curve documentation. See below for flow meter requirements.</p> <p>Type of Flow Meter/Model: _____</p>	<p>ii. True Flow Using Flow Meter</p> <p>Type of Flow Meter/Model: _____</p> <p>VFD Installed? Y N If yes, provide information below.</p> <p>VFD Mfg./Model: _____</p> <p>Flow Set Point: _____</p> <p><i>True Flow Design Flow after Backwash</i> = _____ GPM</p> <p>Provide/attach photograph documentation of flow meter reading after backwash. See below for flow meter requirements.</p>
<p>For Calculated TDH or True Flow, Flow Meter is Required Installed per Mfg. Instructions and Operable Include photograph documentation of pipe size and inlet/outlet pipe distance.</p> <p style="text-align: center;">Return Pipe Diameter: _____ in.</p> <p style="text-align: center;">Length of Pipe before Flow Meter: _____ in.</p> <p style="text-align: center;">Length of Pipe after Flow Meter: _____ in.</p>	

2. **Main Drain Cover Data** **Pool Exempt:** Gravity Fed Drains Built Without

Number of main drains on same pumping system _____ Distance between drains (on centers) _____ inches ("NA" if single drain)

Manufacturer _____ Model# _____ Date Installed _____

Max flow of cover/grate _____ gpm (floor); _____ gpm (wall) Expiration Date _____

2A. Main Drain Sump Information - For sumpless cover, provide *sump dimensions* and *diameter of suction outlet pipe*.

Sump Diameter - Circular: _____ Inches - or - *Rectangular Dimensions:* _____ inches by _____ inches

Sump minimum depth _____ inches

Diameter of suction outlet pipe in sump _____ inches

Distance of top (inside) of suction outlet pipe from bottom of cover/grate _____ inches

For New Construction Only:

Manufactured Sump

Mfg: _____

Model# _____

Field Built Sump Certified by Registered Design

Professional under ANSI/APSP/ICC-7 2013 Section 4.3.1.2.

3. **Equalizer Cover Data** Pool Exempt: Gutter Spray Pad Built Without

Number of operable skimmer equalizers _____ Equalizers disabled per State Recommendations? YES NO NA
Manufacturer _____ Model# _____ Date Installed _____

Max flow of cover/grate _____ gpm (wall); _____ gpm (floor) Expiration Date _____

Do equalizers require a sump? YES NO If yes, fill out section below.

3A. Equalizer Sump Information - Only required for covers that require a sump.

For sumpless cover, provide sump dimensions and diameter of suction outlet pipe.

Sump Diameter- Circular: _____ Inches - or- Rectangular Dimensions: _____ inches by _____ inches

Sump minimum depth _____ inches Diameter of suction outlet pipe in sump _____ inches

Distance of top (inside) of suction outlet pipe from bottom of cover/grate _____ inches

4. **Suction Vacuum Relief System (SVRS) -**

Are drains < 36 in. apart on center or single main drain? Y N If yes, fill out information below.

SVRS manufacturer _____ Model# _____

5. **Vacuum Line** – Choose One Below

- No vacuum line in pool - portable vacuum or vacuum through skimmers with 2 or less skimmers.
- Pool built prior to May I, 2010 -Protective cover secured on vacuum line (does not protrude >2" from wall).
- Pool built post May I, 2010 - Self-closing, self-latching cover designed to be opened with a tool on vacuum line.

The Health Department understands that the required information and/or measurements may be beyond the scope of owners or their authorized representatives. In those cases, it is recommended that you contact a qualified engineer or pool professional to assist you in completing the form.

Comments:

Name of person completing: _____	Title: _____
(print)	
Signature: _____	Date: _____
Email: _____	Phone number: _____

Instructions for Completion and Submission of Pool Drain Safety Compliance Data Form

Please review the instructions below to ensure the Pool Drain/Suction Compliance (PDSC) form or its approved equivalent is properly completed and submitted with all information required. All submissions will be approved and approved/disapproved by the Environmental Health Department prior to the issuance of an operation permit for the pool in accordance with Rule .2539(c). Disapproved submissions will receive notification of the reason(s) for disapproval.

1. **EQUIVALENT FORM** – A document which contains the same information requested on the PDSC form and may, or may not, contain a Professional Engineer's (PE) or Architect's sign-off.
2. **WHEN/WHERE TO SUBMIT** – Updated or new PDSC forms should be submitted as soon as possible to ensure timely review. Submissions may be faxed to (828) 697-4523 or emailed to: HCDPH_EnvHealth@hendersoncountync.gov.
3. **WHO CAN SUBMIT** – The owner, operator, or any person representing the owner. New construction must be submitted by engineer or architect.
4. **PUMP SYSTEM FLOW** – If estimating maximum flow from a manufacturer's pump performance curve, attach the pump curve. Various approved pumps can be found on the manufacturer websites.
5. **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>. For new construction, field-built sumps must be engineer certified.
6. **DRAIN COVER/EQUALIZER DATA** – Enter the manufacturer, model, installation date, lifespan expiration date and maximum flow for the main drain cover(s). Attach the manufacturer's specification sheet. For pools that choose to disable their equalizer lines, the pool must follow State Recommendations.
7. **SUCTION VACUUM RELIEF SYSTEMS** – SVRS is required if dual drains are closer than 3 feet on center or a pump has a single drain with a blockable cover or sump. SVRS are designed to interrupt pump flow if suction outlets are blocked.
8. **VACUUM LINE** – All vacuum lines are required to be covered. Provide specifications for vacuum line.

FORM COMPLETION – A separate PDSC form must be completed and submitted for each individual pool at a facility including spas, wading pools, and other pools. Pools with multiple pumping systems must submit a form for each system.

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 qualified engineer or pool professional to assist you in completing the form.

More information about suction hazards and pool drain safety may be found on the State of North Carolina Public Pool program website at: <https://ehs.dph.ncdhhs.gov/faf/pti/drainsafety.htm>