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ALISON COCHRAN

ADDRESS:

SWAIN COUNTY HEALTH DEPT.
545 CENTER STREET
BRYSON CITY, NC 28713
PHONE: 828.488.3198
FAX: 828.488.8672

MEMORANDUM

TO: All Pool Owners and Operators
FROM: Swain County Environmental Health Specialists
DATE: March 1, 2018
SUBJ: Public Swimming Pool Application & Fee

If you intend to operate your pool this season please complete the attached application. Submit the application and a check for \$100.00 for each pool and spa permit to Swain County Health Department. The Pool Drain Safety Compliance Data sheet (attached) will need to be filled out before you call to have your permit issued on your pool or spa. This is a requirement and no permits will be issued unless it is fully completed. The Pool Drain Safety Data Sheet must be completed each year even if information has not changed, you must sign and date this sheet each year with the information provided. If the application and data sheet are not COMPLETELY filled out or says "same as last year" this will delay the time in which you are scheduled for your pool inspection.

A copy of the rules governing Public Swimming Pools may be found at
<http://ehs.ncpublichealth.com/docs/rules/294306-9-2500.pdf>

For any questions you may call our office at (828) 488-3198.

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 date _____ Closing Date _____

Is this pool open for night swimming? Yes No

OWNER INFORMATION

Name of owner: _____

Mailing address: _____

Contact person: _____ Telephone: _____

Email Address: _____

OPERATOR (On-Site Manager) INFORMATION:

Name of pool operator: _____

Address: _____

Telephone Number: _____

Email Address: _____

Pool operator trained by: _____

(Certificate Number): _____

Each application must include payment of \$100.00

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)

DENR 3961 (Revised 7/05)
Environmental Health Services Section (Review 7/08)

Swain County Health Department
545 Center Street, Bryson City, NC 28713

Alison Cochran, REHS, MHS
Health Director

Phone: (828) 488-3198
Fax: (828) 488-8672

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 _____

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.

Guidance for Local Pool Inspection Programs – Changes to Pool Lighting Requirements

On October 4, 2017, Session Law 2017-209 (House Bill 56) became law. Section 8 of this law requires the Commission for Public Health to amend the Pool Lighting and Ventilation Rule to “require pool illumination sufficient to illuminate the main drains of a pool” and “require pool illumination sufficient to illuminate the deck area of a pool so that it is visible at all times the pool is in use but shall not require specific foot candles of illumination for the deck area.” The provisions set forth in this law are to be implemented by local inspectors until the effective date of the revised permanent rule that the Commission for Public Health is required to adopt.

What this means.

Public swimming pools that are open for swimming at night are required to provide sufficient illumination so that the main drains and the required deck area is illuminated. The foot candle measurements of illumination can no longer be used to determine illumination levels.

What will local inspectors need to do.

For pools that indicate they will be open for swimming at night, local inspectors will need to visit the pool at night to determine if the main drains and required deck area are both illuminated.

What else needs to be illuminated?

During the night visit of pools that indicated they will be open for swimming at night, the local inspectors will also need to verify that sufficient illumination is provided in accordance with Paragraphs (b) and (c) of Rule .2524 which states: “Lighting fixtures shall be of such number and design as to illuminate all parts of the pool, the water, the depth markers, signs, entrances, restrooms, safety equipment and the required deck area and walkways.” And “The illumination shall be sufficient so that the floor of the pool can be seen at all times the pool is in use.”

Pools providing sufficient illumination to illuminate the main drains and the required deck area AND providing sufficient illumination in accordance with .2524 (b) and (c) shall have their operation permits conditioned to indicate that night swimming is ALLOWED. Pools that will not be open at night or that do not provide sufficient illumination to illuminate the main drains and required pool deck area OR that do not provide sufficient illumination in accordance with Rule .2524 (b) and (c) shall have their operation permits conditioned to indicate that night swimming is NOT ALLOWED.

All public swimming pool operation permits should be conditioned to indicate whether night swimming is allowed or not allowed.