

# LEE COUNTY

NORTH CAROLINA

Committed Today for a Better Tomorrow

Fee Paid: \$ _____
Date: _____

## Public Swimming Pool/Spa Application

### Section A-Facility information (See instruction sheet on back of this page)\*

Facility Name: \_\_\_\_\_ Permit ID # \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Date Pool Constructed: \_\_\_\_\_ Type of Pool:  Swimming Pool  Wading Pool  Spa  
**Is pool VGB Compliant? \_\_\_ Yes \_\_\_ No Documentation must be provided to validate Pump or drain covers been replaced since last season? \_\_\_ Yes \_\_\_ No**  
**If yes, provide paperwork**

### Section B-Owner information\*

Owner's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone Number : \_\_\_\_\_ Fax: \_\_\_\_\_

### Section C-Operator information (pool operator)\*

Name of Operator: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Title: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

### Section D-Operation information\*

The following information must be provided about the **Facility** and **Operator** listed above.

1. Submit a photocopy of training certificate.
2. What date will the pool begin operating this season? \_\_\_\_\_
3. What date will the pool close this season? \_\_\_\_\_
4. What will the hours of operation be? \_\_\_\_\_
5. Where should future correspondences be mailed or emailed? :  
 Facility  Owner  Operator
6. Would you prefer to be mailed or emailed information and updates? \_\_\_\_\_

<b>Failure to submit a complete application form or to follow the instructions on the back of this form shall prevent this office from issuing a permit for operation.</b>
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### Section E- Permit fees\*

**Annual Permit Fees** (valid June 1- May 31) .....\$155.00 per pool/spa  
**Seasonal Permit Fees** (opening date-October 31).....\$155.00 per pool/spa

**Section F – Certification\***

I certify that I am the owner or agent for the owner of the property described above and that the information contained in this application is both accurate and complete. I understand that any permit issued based on information provided in this application may be revoked if it is later determined this information is incorrect.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Purpose**

This form is required for new swimming pool permits and for renewal of permits. You should complete a separate form for each swimming pool, wading, pool or spa you own or operated.

**Instructions**

- **Section A:** Enter the name of the facility; the physical and mailing address, city, zip code and construction date.
- **Section B:** Enter the name of the pool owner (individual, partnership, corporation, etc.); the mailing address of the owner with the city, state and zip code; the contact person for the owner; and the telephone number for the contact person.
- **Section C:** The rules require the owner of the each pool, wading pool or spa to provide for operation of the pool by a person who is responsible for pool operation, maintenance, safety and record keeping. The owner is responsible for maintaining documentation showing the operator has been trained on pool equipment operation, disease and injury prevention, pool water chemistry and regulatory requirements for public pools. Enter the name, company (if applicable) and contact information for the pool operator or CPO. (The operator is the person who will be responsible for daily readings of pool water chemistry, chemical additions, pool operating conditions, filing injury reports, etc., required by state law).
- **Section D:** For the pool operator listed in section C, attach a copy of their pool operator training certificate or fill in their CPO number. **If you are a new CPO, you must include a copy of the pool operator training certificate.** Provide the information required for questions # 1 through 5. Applications received without this information are considered incomplete.
- **Section E:** Renewals: Attach the applicable fee as shown on the front. The seasonal permit allows a pool to be operated until October 31 of the calendar year it is issued. Annual Permits are only valid for one (1) year from the date of issuance.
- **Section F:** Read the certification statement. The application must be signed by an authorized individual, dated and contain the printed name of the signing individual. Return the completed application along with the appropriate fee to the address below:

**A public swimming pool, wading pool or spa cannot be operated until the owner/operator is in possession of a valid operating permit. For this reason, staff of the Lee County Health Department will not give verbal permission allowing operation of a facility that does not have a valid permit posted on the premises. The Department will take appropriate reinforcement action to ensure protection of public health in the case of facilities being operated without appropriate permits.**



**Lee County Environmental Health**

900 Woodland Avenue, Sanford, NC 27331

Phone 919-718-4641 - Fax 919-718-4636

*Promoting better health and a safe environment for all Lee County resident*

**Pool Drain Safety Compliance Data (Must be Completed Annually)**

Name of Pool \_\_\_\_\_

Address \_\_\_\_\_

**Pump System Flow**

Pump Manufacturer \_\_\_\_\_ Model Number \_\_\_\_\_ Horsepower \_\_\_\_\_

Maximum Pump Flow (manufacturer's specifications) \_\_\_\_\_ gallons per minute

**OR** Maximum Pumping System Flow is reduced to \_\_\_\_\_ gpm based on:

- Measured Total Dynamic Head loss of \_\_\_\_\_ feet;
- Calculated Total Dynamic Head loss of \_\_\_\_\_ feet;
- Magnetic flow meter reading of \_\_\_\_\_ gpm;
- Automatic flow limiting valve factory set at \_\_\_\_\_ gpm

(Provide supporting evidence for flow reduction)

**Drain Sump Measurements**

Sump width: round \_\_\_\_\_ inches diameter; rectangle \_\_\_\_\_ inches X \_\_\_\_\_ inches

Sump minimum depth \_\_\_\_\_ inches Diameter of outlet pipe to pump \_\_\_\_\_ inches

Distance of top (inside) of outlet pipe from bottom of cover/grate \_\_\_\_\_ inches

**Drain Cover/Grate Data**

Number of drains on same pumping system \_\_\_\_\_ Distance between drains (on centers) \_\_\_\_\_

Cover/grate manufacturer \_\_\_\_\_, model \_\_\_\_\_

Maximum flow rating of cover/grate \_\_\_\_\_ gpm (floor); \_\_\_\_\_ gpm (wall)

Date drain cover/grates installed: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Number of operable skimmer equalizers \_\_\_\_\_

Equalizer fitting Manufacturer \_\_\_\_\_, model \_\_\_\_\_

Equalizer fitting maximum flow rating \_\_\_\_\_

Date equalizer cover/grates installed: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**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. (Single drain pools must also have at least 1 functioning skimmer.)

Safety Vacuum Release System manufacturer - \_\_\_\_\_

Full name of person providing this information \_\_\_\_\_

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

