

AppHealthCare
APPALACHIAN DISTRICT HEALTH DEPARTMENT

Alleghany County
157 Health Services Rd
P.O. Box 309 (mailing)
Sparta, NC 28675
336-372-5641 (phone)
336-372-7793 (fax)

Ashe County
626 Ashe Central School Rd
P.O. Box 208 (mailing)
Jefferson, NC 28640
336-246-3356 (phone)
336-846-1039 (fax)

Watauga County
126 Poplar Grove Connector
P.O. Box 307 (mailing)
Boone, NC 28607
828-264-4995 (phone)
828-264-4997 (fax)

www.apphealth.com

APPLICATION FOR PUBLIC SWIMMING POOL / SPA PERMIT

Name of Public Swimming Pool: _____

Street Address of Pool Location: _____

City: _____ Zip: _____

County: Alleghany Ashe Watauga

Vehicular Gate Code: _____ Door Code to Pool / Spa Enclosure: _____

Type of Public Swimming Pool:

Swimming Pool Wading Pool Spa

Other (describe): _____

Date Constructed or Remodeled: Before May 1, 1993 May 1, 1993 or later

Times of Operation:

Hours of Operation: Opening Time _____ Closing Time _____

Year Round Date of Permit Expiration*: _____

Application shall be submitted at least 2 weeks prior to permit expiration.

OR

Seasonal Opening Date* _____

Application shall be submitted at least 2 weeks prior to anticipated opening date.

Closing Date** _____

****Seasonal pools (those which do not operate before April 1st or after October 31st) must put down the latest possible closing date. Permit will expire on the date placed on this application as the closing date. If facility wishes to extend the operating season after permit is issued, a new permit must be issued and another fee paid.**

Gate Attendants and Lifeguards

Will facility have gate attendants whom are closely monitoring the entry of patrons at all times of operation? Yes No

Will facility have lifeguards on duty in the pool enclosure at all times of operation? Yes No

Type of Disinfection Chlorine Bromine Other : _____

OWNER INFORMATION:

Name of Owner (*corporation if applicable*): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ - _____ - _____ Email: _____

Contact Person: _____

CERTIFIED OPERATOR INFORMATION:

Name of Pool Operator: _____ Certificate Number: _____

Operator Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ - _____ - _____ Email: _____

Pool Operator Trained By: _____

Who will be responsible for checking water quality, temps and drain covers on days when the Pool Operator is not available? _____

PUBLIC SWIMMING POOLS / SPAS MUST SUBMIT AN APPLICATION TO THE APPALACHIAN DISTRICT HEALTH DEPARTMENT AT LEAST 2 WEEKS PRIOR TO EXPIRATION OF OPERATION PERMIT OR 2 WEEKS PRIOR TO ANTICIPATED OPENING DATE OF SEASONAL POOLS / SPAS. A SEPARATE APPLICATION FOR EACH POOL OR SPA MUST BE SUBMITTED. THE FOLLOWING MUST BE SUBMITTED ALONG WITH THIS APPLICATION:

1) FOR YEAR ROUND POOLS / SPAS, A \$200 FEE MUST BE SUBMITTED

FOR SEASONAL POOLS / SPAS, A \$150 FEE MUST BE SUBMITTED

2) POOL DRAIN SAFETY COMPLIANCE SHEET FOR EACH PUMP

PERMITS WILL NOT BE ISSUED WITHOUT THIS COMPLETE SHEET SUBMITTED

PLEASE NOTE: IF AN OPERATION PERMIT CANNOT BE ISSUED DURING THE PERMITTING INSPECTION, A \$75 FEE WILL BE CHARGED FOR EACH ADDITIONAL VISIT THAT MUST BE MADE TO ISSUE PERMIT.

Owner or Operator Signature: _____ Date: _____

Revised 01-2021

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 / Spa _____

Address _____

Type of Pump: ___ Circulation / Filtration ___ Hydrotherapy / Jet ___ Water Feature

1. Pump Flow

Pump Manufacturer _____ Model # _____ Horsepower _____

Maximum Pump Flow. Maximum flow rate *from pump curve*: _____ gpm. (Provide supporting evidence if flow reduction)

Date of Pump Installation: _____

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 _____