

**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](http://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 1<sup>st</sup> or after October 31<sup>st</sup>) 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 Compliance Data**  
**PERMIT CANNOT BE ISSUED IF FORM IS INCOMPLETE**

A separate form is required for each pump including circulation, jet or feature.

Name of Pool \_\_\_\_\_ ID# \_\_\_\_\_

**1. Pump Flow**

Pump Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_ Horsepower \_\_\_\_\_

Maximum Pump Flow at highest speed **FROM PUMP CURVE**: \_\_\_\_\_ gpm. Pump use: Circulation / jet / feature (circle one)

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

Flow meter manufacturer \_\_\_\_\_ Flow meter reading \_\_\_\_\_ GPM

**2. Drain Sump Measurements** Is drain cover sumpless? YES/NO

Sump manufacturer and model \_\_\_\_\_ OR: Field built sump (circle if yes)

Diameter of pipe entering sump \_\_\_\_\_ inches. Pipe enters through BOTTOM /SIDE of sump (Must circle one)

Distance between highest point of outlet pipe and top edge of sump \_\_\_\_\_ inches. Sump dimensions \_\_\_\_\_

**3. Drain Cover Data – MUST BE INSTALLED PER MANUFACTURER'S INSTRUCTIONS- Attach Instructions to form.**

Number of main drains on each pump \_\_\_\_\_ Distance between main drains (on centers) \_\_\_\_\_ feet \_\_\_\_\_ inches

Cover/grate manufacturer \_\_\_\_\_, model \_\_\_\_\_, VGBA approval 2008 / 2017 (circle one)

Flow rating from instructions: \_\_\_\_\_ gpm Cover(s) located on pool: Floor / wall (circle one)

Date installed \_\_\_\_\_ Lifespan \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_

**4. Equalizer Covers**

Number of operable skimmer equalizers \_\_\_\_\_ Have the equalizers been permanently disabled? YES / NO

Equalizer fitting Manufacturer \_\_\_\_\_, Model \_\_\_\_\_, Lifespan \_\_\_\_\_

Bulkhead adaptor Manufacturer \_\_\_\_\_, Model \_\_\_\_\_, Date Installed \_\_\_\_\_

Diameter of equalizer pipe \_\_\_\_\_ Cover is located on (circle where mounted): Floor / wall

Equalizer fitting maximum flow rating \_\_\_\_\_ gpm.

Date equalizer cover/grates installed \_\_\_\_\_ **EXPIRATION DATE**: \_\_\_\_\_

**5. Safety Vacuum Release System (SVRS) –Safety Vacuum Release System manufacturer/model# - \_\_\_\_\_**

You will be required to demonstrate effectiveness during permitting inspection. Date last tested \_\_\_\_\_

**6. 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 \_\_\_\_\_ Phone number: \_\_\_\_\_

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

NCDHHS

Revised 4/1/2022 for immediate use.