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 time __________________ closing time __________________

OWNER INFORMATION
Name of owner: ________________________________
Mailing address: ________________________________
Contact person: __________________ Telephone: __________________

OPERATOR (On-Site Manager) INFORMATION:
Name of pool operator: ________________________________
Address: ________________________________
Telephone Number: ________________________________
Pool operator trained by: ____________________________
(Certificate Number: ________________________________)

APPLICATION SUBMITTED BY:
Owner or operator: ________________________________
Signature: __________________ Typed or printed name: __________________
Date: __________________

Purpose: General Statute 130A-282 requires the Commission for Public Health 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.D.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)

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