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: ____________________________
Typed or printed name
Signature
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)

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