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Health / Medical Director

## PUBLIC SWIMMING POOL OPERATION PERMIT APPLICATION

### Pitt County Environmental Health

The North Carolina Rules Governing Public Swimming Pools (15A NCAC 18A .2500) and General Statutes 130A-282 require the owner/operator of public swimming pools to apply annually for an operation permit. A separate application must be completed for each public swimming pool.

#### Facility Information Seasonal Permit (April 1<sup>st</sup> – October 31<sup>st</sup>) Annual Permit (Year-Round)

Type of Pool:  Swimming Pool  Wading Pool  Spa  
 Other (Specify): \_\_\_\_\_

Facility (Pool) Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Construction Date: \_\_\_\_\_

Email: \_\_\_\_\_  No Email

Operating Days & Hours: \_\_\_\_\_  Night Swimming? (Night Lighting Form Required)

Mailing Address: \_\_\_\_\_

*(if different from physical address)*

Dates of Operations: \_\_\_\_\_ through \_\_\_\_\_

Type of Disinfection:  Chlorine  Salt  Bromine Lifeguards provided during operating hours?  Yes  No

#### Owner Information

Name/Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_  No Email

#### Certified Pool Operator (CPO) Information CPO License #: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_  Not Applicable

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_  No Email

I certify that I am the owner/representative of the owner of the property listed above & that the information provided is both accurate & complete. I understand that any permit issued based on the information provided may be revoked if it is determined that the information is incorrect.

Submitted by: \_\_\_\_\_

*Printed Name & Title*

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

**\*\* POOL DRAIN SAFETY (VGB) COMPLIANCE DATA FORM MUST TO BE SUBMITTED WITH APPLICATION \*\***

