



**Henderson County**  
**Department of Public Health**  
Environmental Health

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November 7, 2024

**To Public Swimming Pool Operators and Owners:**

This is a reminder that applications, a copy of your certified pool operator license, safety compliance data sheets (one for each pump), and fees for swimming pools, wading pools, and spas are due on January 1, 2025.

The fees this year are \$100.00 for a single pool and \$200.00 for multiple pools and spas. Please make your checks payable to the Henderson County Department of Public Health.

Please complete the enclosed application and data sheets. All information on the data sheets must be provided. Fill these out for each pool and/or spa and return them to our department along with your fee and a copy of your current certified pool operator license as soon as possible. This will help ensure quick service when you are ready to open for the season.

**PLEASE NOTE:**

An operation permit cannot be issued if the drain cover/grate or equalizer cover has expired.

If you have any questions, please feel free to contact our office at (828) 694-6043.

Sincerely,

Garrett Rapp, REHS

Environmental Health Program Specialist

## N.C. Department of Health and Human Services

## Division of Public Health

## Environmental Health Section

**Application for Public Swimming Pool Operation Permit****Pool Information:** Date: \_\_\_\_\_

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: \_\_\_\_\_ Email: \_\_\_\_\_

Contact person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

**Operator (On-Site Manager) Information:**

Name of pool operator: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Pool operator trained by: \_\_\_\_\_ Certificate number: \_\_\_\_\_

**Application Submitted By:**

Owner or Operator: Sign: \_\_\_\_\_ Print: \_\_\_\_\_

Purpose: General Statute 130A-282 requires the Commission for Public Health to adopt rules governing public swimming pools. The rules in ISA NCAC I SA .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: Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632. (Courier 52-01-00)

**Pump Type**  
 Filtration Pump  
 Feature Pump

<b>Health Use Only:</b>	
Date Received: _____	
Approved: _____	Disapproved: _____
Initials: _____	

**Henderson County Health Department Pool Drain/Suction Compliance Form**

A separate form is required for each pumping system.

**Facility Name** \_\_\_\_\_ **Pool ID#** \_\_\_\_\_

**Physical Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

All applicable sections of the form must be completed. Provide pump curves and manufacturer cut sheets for all information listed on this form. Missing or incomplete information will result in DISAPPROVAL of the submission and denial/suspension of permit.

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

1. **Pump System Flow** - Complete EITHER **A or B** below, not both.

Pump Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_ HP \_\_\_\_\_

A. Maximum Pump Flow \_\_\_\_\_ gpm *Max flow taken from pump manufacturer pump curve.*

B. Maximum Pumping System Flow is reduced to \_\_\_\_\_ gpm *Taken from calculated design flow or true flow reading.*

Fill out B(i) OR B(ii). Provide all information for flow meter section.

<p><b>i. Calculated Total Dynamic Head and Pump Curve</b></p> <p><b>TDH Calculations</b>  <i>(Gauge PSI x 2.31) + (Gauge Hg x 1.13)</i></p> <p>(____ x 2.31) + (____ x 1.13) = ____ ft. head loss</p> <p><i>Design Flow</i> = _____ GPM</p> <p>Provide/attach photograph documentation of pressure gauges after backwash. Provide pump curve documentation. See below for flow meter requirements.</p> <p><b>Type of Flow Meter/Model:</b> _____</p>	<p><b>ii. True Flow Using Flow Meter</b></p> <p><b>Type of Flow Meter/Model:</b> _____</p> <p><b>VFD Installed?</b> Y N If yes, provide information below.</p> <p><b>VFD Mfg./Model:</b> _____</p> <p><b>Flow Set Point:</b> _____</p> <p><i>True Flow Design Flow after Backwash</i> = _____ GPM</p> <p>Provide/attach photograph documentation of flow meter reading after backwash. See below for flow meter requirements.</p>
<p><b>For Calculated TDH or True Flow, Flow Meter is Required Installed per Mfg. Instructions and Operable</b></p> <p>Include photograph documentation of pipe size and inlet/outlet pipe distance.</p> <p style="text-align: center;">Return Pipe Diameter: _____ in.</p> <p style="text-align: center;">Length of Pipe before Flow Meter: _____ in.</p> <p style="text-align: center;">Length of Pipe after Flow Meter: _____ in.</p>	

2. **Main Drain Cover Data**      **Pool Exempt:** Gravity Fed Drains  Built Without

Number of main drains on same pumping system \_\_\_\_\_ Distance between drains (on centers) \_\_\_\_\_ inches ("NA" if single drain)

Manufacturer \_\_\_\_\_ Model# \_\_\_\_\_ Date Installed \_\_\_\_\_

Max flow of cover/grate \_\_\_\_\_ gpm (floor); \_\_\_\_\_ gpm (wall)      Expiration Date \_\_\_\_\_

**2A. Main Drain Sump Information** - For sumpless cover, provide *sump dimensions* and *diameter of suction outlet pipe*.

*Sump Diameter - Circular:* \_\_\_\_\_ Inches      - or -      *Rectangular Dimensions:* \_\_\_\_\_ inches by \_\_\_\_\_ inches

Sump minimum depth \_\_\_\_\_ inches

*Diameter of suction outlet pipe in sump* \_\_\_\_\_ inches

Distance of top (inside) of suction outlet pipe from bottom of cover/grate \_\_\_\_\_ inches

**For New Construction Only:**

**Manufactured Sump**

Mfg: \_\_\_\_\_

Model# \_\_\_\_\_

**Field Built Sump**      Certified by Registered Design

Professional under ANSI/APSP/ICC-7 2013 Section 4.3.1.2.

3. **Equalizer Cover Data** Pool Exempt: Gutter  Spray Pad  Built Without

Number of operable skimmer equalizers \_\_\_\_\_ Equalizers disabled per State Recommendations? YES  NO  NA   
Manufacturer \_\_\_\_\_ Model# \_\_\_\_\_ Date Installed \_\_\_\_\_

Max flow of cover/grate \_\_\_\_\_ gpm (wall); \_\_\_\_\_ gpm (floor) Expiration Date \_\_\_\_\_

Do equalizers require a sump? YES  NO  If yes, fill out section below.

**3A. Equalizer Sump Information** - Only required for covers that require a sump.

For sumpless cover, provide sump dimensions and diameter of suction outlet pipe.

Sump Diameter- Circular: \_\_\_\_\_ Inches - or- Rectangular Dimensions: \_\_\_\_\_ inches by \_\_\_\_\_ inches

Sump minimum depth \_\_\_\_\_ inches Diameter of suction outlet pipe in sump \_\_\_\_\_ inches

Distance of top (inside) of suction outlet pipe from bottom of cover/grate \_\_\_\_\_ inches

4. **Suction Vacuum Relief System (SVRS) -**

Are drains < 36 in. apart on center or single main drain? Y  N  If yes, fill out information below.

SVRS manufacturer \_\_\_\_\_ Model# \_\_\_\_\_

5. **Vacuum Line** – Choose One Below

- No vacuum line in pool - portable vacuum or vacuum through skimmers with 2 or less skimmers.
- Pool built prior to May I, 2010 -Protective cover secured on vacuum line (does not protrude >2" from wall).
- Pool built post May I, 2010 - Self-closing, self-latching cover designed to be opened with a tool on vacuum line.

The Health Department understands that the required information and/or measurements may be beyond the scope of owners or their authorized representatives. In those cases, it is recommended that you contact a qualified engineer or pool professional to assist you in completing the form.

**Comments:**

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Name of person completing: _____	Title: _____
(print)	
Signature: _____	Date: _____
Email: _____	Phone number: _____

## **Instructions for Completion and Submission of Pool Drain Safety Compliance Data Form**

Please review the instructions below to ensure the Pool Drain/Suction Compliance (PDSC) form or its approved equivalent is properly completed and submitted with all information required. All submissions will be approved and approved/disapproved by the Environmental Health Department prior to the issuance of an operation permit for the pool in accordance with Rule .2539(c). Disapproved submissions will receive notification of the reason(s) for disapproval.

1. **EQUIVALENT FORM** – A document which contains the same information requested on the PDSC form and may, or may not, contain a Professional Engineer's (PE) or Architect's sign-off.
2. **WHEN/WHERE TO SUBMIT** – Updated or new PDSC forms should be submitted as soon as possible to ensure timely review. Submissions may be faxed to (828) 697-4523 or emailed to: [HCDPH\\_EnvHealth@hendersoncountync.gov](mailto:HCDPH_EnvHealth@hendersoncountync.gov).
3. **WHO CAN SUBMIT** – The owner, operator, or any person representing the owner. New construction must be submitted by engineer or architect.
4. **PUMP SYSTEM FLOW** – If estimating maximum flow from a manufacturer's pump performance curve, attach the pump curve. Various approved pumps can be found on the manufacturer websites.
5. **DRAIN SUMP MEASUREMENTS** – Measurements are needed to determine the size of the cover/grate and to assure the sump is deep and wide enough to meet the requirements in the cover/grate manufacturer's specifications. Information on documenting the size of the drain sump can be found at: <http://ehs.ncpublichealth.com/faf/pti/drainsafety.htm>. For new construction, field-built sumps must be engineer certified.
6. **DRAIN COVER/EQUALIZER DATA** – Enter the manufacturer, model, installation date, lifespan expiration date and maximum flow for the main drain cover(s). Attach the manufacturer's specification sheet. For pools that choose to disable their equalizer lines, the pool must follow State Recommendations.
7. **SUCTION VACUUM RELIEF SYSTEMS** – SVRS is required if dual drains are closer than 3 feet on center or a pump has a single drain with a blockable cover or sump. SVRS are designed to interrupt pump flow if suction outlets are blocked.
8. **VACUUM LINE** – All vacuum lines are required to be covered. Provide specifications for vacuum line.

FORM COMPLETION – A separate PDSC form must be completed and submitted for each individual pool at a facility including spas, wading pools, and other pools. Pools with multiple pumping systems must submit a form for each system.

The Health Department understands that the required information and/or measurements may be beyond the scope of owners or operators. In those cases, it is recommended that you contact a qualified engineer or pool professional to assist you in completing the form.

**More information about suction hazards and pool drain safety may be found on the State of North Carolina Public Pool program website at: <https://ehs.dph.ncdhhs.gov/faf/pti/drainsafety.htm>**