

Fee Received \_\_\_\_\_  
Check# \_\_\_\_\_ or Cash  
Date Received \_\_\_\_\_  
Received By: \_\_\_\_\_

**BLADEN COUNTY HEALTH DEPARTMENT**  
**P.O. Box 189 – 450 Smith Circle**  
**Elizabethtown, NC 28337**  
**Phone: (910) 862-6852 Fax: (910) 862-6932**

**APPLICATION FOR APPROVAL TO CONSTRUCT OR RENOVATE A  
PUBLIC SWIMMING POOL**

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_  
Street City Zip Code

Type of Plan Review:

New Construction  Remodel  Other

Type of Pool:

Swimming Pool  Spa/Hot Tub  Wading Pool  
 Special Purpose or Therapy Pool  
 Water Recreation Attraction (please specify): \_\_\_\_\_

Select All That Apply:

Indoor  Outdoor  Year-Round  Seasonal (April 1-October 31)

Water Supply:  Community  Well

Sewage Disposal:  Community  Onsite System

Pool overflow and backwash to: \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street City, State Zip Code

**Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

**Alternate #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Contractor:** \_\_\_\_\_

**Address of Contractor:** \_\_\_\_\_  
Street City, State Zip Code

**Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

**Alternate #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Contractors' License #:** \_\_\_\_\_

*Pools shall be constructed by a contractor licensed by NC Licensing Board for General Contractors as required by G.S. 87-1*

**Engineer:** \_\_\_\_\_

Address of Engineer: \_\_\_\_\_  
Street City, State Zip Code

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Alternate #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Pool plans and specifications shall be prepared by a registered design professional as required by G.S. 89C Engineering or G.S. 83A Architecture*

**The owner shall submit:**

- A minimum of two complete sets of plans for review. Plans shall be drawn to scale. All prints and drawings shall be a minimum of 18 x 24 inches and a maximum size of 36 x 42 inches. Plans shall include:
  1. Plan and sectional view dimensions of both the pool and the area enclosed by the barrier fences to include the bathhouse and the equipment room and pool accessories;
  2. Specifications of all treatment equipment used and their layout in the equipment room;
  3. A piping schematic showing piping, pipe size, inlets, main drains, skimmers, gutter outlets, vacuum fittings and all other appurtenances connected to the pool-piping system;
  4. Layout of the chemical storage room; and
  5. Specifications for the water supply and wastewater disposal systems that include aspects such as well location and backwash water disposal where applicable.

- Plan review fee payment of \$300.00 per pool
- Application for approval to construct or renovate a public swimming pool.
- Specification documents submitted for: If Applicable:

- |   |  |
|---|--|
| <input type="checkbox"/> Circulation Pump               | <input type="checkbox"/> Pool Heater                     |
| <input type="checkbox"/> Filter                         | <input type="checkbox"/> Slide                           |
| <input type="checkbox"/> Automatic Chemical Feeder      | <input type="checkbox"/> Diving equipment                |
| <input type="checkbox"/> Skimmers                       | <input type="checkbox"/> Surge Container                 |
| <input type="checkbox"/> Equalizer Suction Outlet Cover | <input type="checkbox"/> Variable Height Surface Skimmer |
| <input type="checkbox"/> Return Flow Meter              | <input type="checkbox"/> Water Recreation Features       |
| <input type="checkbox"/> Main Drain Covers/Grates       | <input type="checkbox"/> Feature Pump                    |
| <input type="checkbox"/> Adjustable Inlets              |  |

**POOL**

Pool Dimensions: \_\_\_\_\_ Pool Perimeter: \_\_\_\_\_ ft.  
Pool Surface Area: \_\_\_\_\_ sq. ft. Volume: \_\_\_\_\_ gallons  
Turnover Rate: \_\_\_\_\_ GPM Maximum User Loading for Pool: \_\_\_\_\_

Materials of Construction:  
Pool Shell:  Concrete  Fiberglass  Gunite  Vinyl  Other: \_\_\_\_\_

Pool Finish Color: \_\_\_\_\_

Pool Surface Finish Slip Resistant?  Yes  No

Pool Area <5 ft. deep: \_\_\_\_\_ sq. ft. Slope in <5 ft. deep: \_\_\_\_\_  
Pool Area >5 ft. deep: \_\_\_\_\_ sq. ft. Slope in >5 ft. deep: \_\_\_\_\_

Number of Skimmers: \_\_\_\_\_ Number of Inlets: \_\_\_\_\_  
Skimmer Pipe Size: \_\_\_\_\_ in Inlet Pipe Size: \_\_\_\_\_ in  
Max GPM Equalizer Cover Can Handle: \_\_\_\_\_

Number of Main Drains: \_\_\_\_\_ Main Drain Size: \_\_\_\_\_ sq. in  
Main Drain Pipe Size: \_\_\_\_\_ in Max GPM Main Drain Cover Can Handle: \_\_\_\_\_

Hydrotherapy Drain Size (if available): \_\_\_\_\_ sq. in  
Max GPM Hydrotherapy Drain Cover Can Handle: \_\_\_\_\_ Hydrotherapy Drain Pipe Size: \_\_\_\_\_ in

Feature Drain Size (if available): \_\_\_\_\_ sq. in Max GPM Feature Drain Cover Can Handle: \_\_\_\_\_  
Feature Drain Pipe Size: \_\_\_\_\_ in

Fill Spout: Location: \_\_\_\_\_ Size of Pipe: \_\_\_\_\_ in  
Other Method: \_\_\_\_\_ Back-flow Prevention: \_\_\_\_\_

Pump Make: \_\_\_\_\_ Model #: \_\_\_\_\_ H.P.: \_\_\_\_\_

Filter Flow Rate: \_\_\_\_\_ GPM per sq. ft. of bed area  
Make: \_\_\_\_\_ Model #: \_\_\_\_\_

Type of Disinfection:  Chlorine  Bromine  Salt Water System  Biguanide  
Make: \_\_\_\_\_ Model #: \_\_\_\_\_

Number of ladders provided: \_\_\_\_\_ Sets of steps and handrails provided: \_\_\_\_\_

Number of units of life saving equipment: Ring Buoy & Body Hook: \_\_\_\_\_ of each

Location of emergency pool phone: \_\_\_\_\_

Night Time Swimming:  Yes  No

Underwater Lighting (if provided): \_\_\_\_\_ watts/sq. ft. of water surface  
\_\_\_\_\_ lumens/sq. ft. of water surface

Deck Lighting (if provided): \_\_\_\_\_ ft.-candles

Decking:  
Type: \_\_\_\_\_ Finish: \_\_\_\_\_ Slope: \_\_\_\_\_

Barrier Fence:  
Fence/entrance gate detail drawn on plan?  Yes (skip to next section)  
 No (provide fence schematic)  
Type: \_\_\_\_\_ Fence Height: \_\_\_\_\_ ft.

Type of Release Mechanism on Access Gate(s): \_\_\_\_\_

Height of Release Mechanism on Access Gate(s): \_\_\_\_\_ in

**RESTROOMS AND SHOWERS:**

Floor Drain?  Yes  No Non-skid Floor Finish?  Yes  No

Number of fixtures provided:

Females: Water Closets: \_\_\_\_\_ Lavatories: \_\_\_\_\_ Showers: \_\_\_\_\_

Males: Water Closets: \_\_\_\_\_ Urinals: \_\_\_\_\_ Lavatories: \_\_\_\_\_ Showers: \_\_\_\_\_

Are showers provided on the pool deck enclosure?  Yes  No

Are showers drained to sanitary sewer?  Yes  No

*Shower(s) are required so that bathers may shower before entering the pool. For use as a cleansing shower, soap must be provided and shower(s) must drain to sanitary sewer or onsite wastewater system. Extra rinse showers and foot showers may deviate from these requirements.*

**CHEMICAL AND EQUIPMENT ROOM:**

Chemical Room Dimensions: \_\_\_\_\_ width \_\_\_\_\_ length \_\_\_\_\_ height  Lighting

Type of Ventilation:  Natural Cross Draft  Continuous Forced  
 Vented away from pool

Equipment Room Dimensions: \_\_\_\_\_ width \_\_\_\_\_ length \_\_\_\_\_ height

Lighting  Floor drain  Floor sloped not less than 1/4 inch to drain

Type of Ventilation:  Natural Cross Draft  Continuous Forced  
 Vented away from pool

**RESPONSIBILITY:**

**The Department** shall approve, disapprove or provide written comments on plans and specifications for public swimming pools within 30 days of their receipt. If such action is not taken within 30 days, the plans and specifications are deemed approved. If construction is not initiated within one year from the date of approval, the approval is void.

**The Swimming Pool Contractor** shall contact the local health department when pool pipes are in place and visible so that the local health department may conduct an open-pipe inspection of the pool piping.

Upon completion of construction, the contractor shall notify the local health department and the owner. The contractor shall provide the owner with a complete set of drawings, which show the as built pool, the location of all pipes, the connections of all equipment, and written operating instructions for all equipment.

Prior to issuances of the operation permit, **The Owner** shall submit to the local health department a statement signed by a registered design professional stating that construction is complete and in accordance with approved plans, specifications, and approved modifications.

Omissions or non-compliance with the .2500 NC Public Swimming Pool Rules will result in plans being disapproved.

No construction shall be initiated until plans are approved. Any deviation from approved plans without prior approval from the Department will void approval.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner