

**HARNETT COUNTY PLAN REVIEW APPLICATION
SWIMMING POOLS**

Review for Compliance with NC Rules Governing the Public Swimming Pools (15A NCAC 18A .2500)

All items are to be submitted through the Central Permitting Office at 108 East Front St., Lillington, NC 27546 or by mail at PO Box 65, Lillington, NC 27546. You may contact the Central Permitting Office at 910-893-7525, Ext. 2. However, please contact our office with questions regarding the contents of this application.

If you have question, contact one of the following Food and Lodging staff listed below at 910-893-7547:

Gale Violette Greene, RS
Food and Lodging Program Specialist

Jamie Turlington, RS
Environmental Health Specialist

Cindy Pierce, RS
Environmental Health Specialist

Plans which are submitted for institutional establishments require plan review to assure compliance with the North Carolina *Rules Governing Public Swimming Pools* (15A NCAC 18A .2500), which is necessary to obtain an operations permit once construction is approved. A plan review fee of \$300.00 must be paid when plans are submitted.

Plans must be submitted with the following supporting documentation:

- _____ Plans must show pool, deck, fencing, and any other appurtenant building.
- _____ Plans must include drawing showing the placement of equipment in the facility, including any equipment rooms, chemical storage rooms, toilets and bathing facilities, dressing rooms, along with general plumbing, electrical, and mechanical and lighting details.
- _____ Piping schematic showing piping, pipe size, inlets, main drains, skimmers, gutter outlets, vacuum fittings and all other appurtenances connected to the pool piping system.
- _____ Specifications of all treatment equipment used and their layout in the equipment room, include equipment cut sheets.
- _____ Plans must include a site plan locating exterior equipment such as dumpsters or compactors, and indicating the proposed connections to approved sewer and water connections and backwash water disposal.
- _____ Plans shall be drawn to not less than one eighth inch to the foot scale.

PUBLIC SWIMMING POOL DATA SHEET

Name of Pool:								
Location:								
Pool Contractor:						Date of Construction		
1-Pool dimensions								
Pool volume								
Surface Area								
Bather Load								
2-Pool Structure								
		Fiberglass				Concrete		
		Gunitite				Rounded corners		
		Other -----Specify→						
Number of Main Drains								
Size of grate								
Anti-Vortex								
Number of Returns/ Inlets								
In wall				In floor				
Size of pipe								
Number of skimmers								
Overflow gutters								
Number of Outlet Drains								
Hair and lint catcher								
3-Fill spout								
Location								
Size of pipe								
Other method to fill								
Back Flow Prevention								
Source of Water								
4-Deck: Type								
Finish								
Minimum width				ft				
Slope								
		Deck drains				Diving Boards		
		Hose Bib				Depth Markers		
Number of ladders								
Number of stairways								
Outside rinse showers								
5-Safety Equipment								
Underground lights								
Deck lights								
Ring Buoy w/ rope								
Floating life line								
Shepherd's crook								
Spa timer								
Telephone								
6-Equipment Room								
Weatherproof Building								
Well Ventilated								
Sanitary Sewer Floor Drain								
Ceiling Height:						ft		
7-Chemical Storage Area								
		Dry				Ventilated		
8-Circulation Pump								
Make								
Model								
				HP				
9-Filter								
Sand		DE		Cartridge				
Make								
Model								
Circulation Rate (GPM)								
Backwash Rate (GPM)								
Pressure Gauge								
Sight Glass								
Flow Meter								
Air Relief Valve								
Pool Heater								
Turnover Rate								
10-Automatic Chemical Feed								
Type				Make				
Model Number								
11-Bathhouse/Toilet Room								
# toilets, female				Floor drain to sewer→				
# toilets, male								
# urinals								
# lavatories				Non-skid flooring				
# showers								
12-Wastewater Disposal								
Sewer to -→								
Pool overflow & backwash water to-→								

Form completed by:

Name

Title

Date:

HARNETT COUNTY AQUATIC FACILITY REVIEW FORM FOR COMPLIANCE WITH THE VIRGINIA GRAEME BAKER POOL AND SPA SAFETY ACT

Complete one from for each pump. For example, circulation system, hydrojet, or water feature pump.

Name of Pool/Spa: _____ County: _____

Pool/Spa Address: _____

Pool/Spa Owner: _____ Owner's Phone: _____

Owner's Address: _____

Owner's E-Mail: _____ Owner's Fax: _____

Pool/Spa Operator: _____ Operator's Phone: _____

Operator's Certification: _____

Operator's Address: _____

Type of Facility ___ Pool ___ Spa ___ Wading Pool ___ Indoor Facility ___ Outdoor Facility
 ___ Other _____

Volume of Pool/Spa (gallons) _____

Type of Suction Outlet and Maximum Flow Rate (check one)

Pump Make and Model Number: _____

- Main Drain(s):
 -Maximum flow rate the system can attain with clean filter and **all valves open** (gpm) _____
 And Maximum flow rate with surface skimmer/gutter line valve(s) **closed** (gpm) _____

OR -Specify estimated maximum flow rate for this system based on hydraulic calculations and pump curve (gpm) _____

- Hydrojets, Maximum Flow Rate (gpm) _____
- Spray feature, describe _____ Maximum Flow Rate (gpm) _____
- Slide, describe _____ Maximum Flow Rate (gpm) _____
- Water Feature, describe _____ Maximum Flow Rate (gpm) _____

Location of Suction Outlets (check one) ___ Wall ___ Floor ___ Separate Planes

Anti-entrapment device or system that complies with Virginia Graeme Baker Pool and Spa Safety Act

- ___ Dual drains spaced a minimum of 3 feet from edge to edge.
- ___ Dual drains located on separate planes.
- ___ Single main drain with Safety vacuum Release System that complies with ASME/ANSI A112.19.17 or ASTM-F2387, provide documentation from manufacturer.
- ___ SVRS Make and Model _____
- ___ Gravity drainage system Dual Drain _____ Single Drain _____
- ___ Unblockable drain, minimum 18" x 23" size Dual Drain _____ Single Drain _____
- ___ Permanent drain disablement Dual Drain _____ Single Drain _____

New Suction Outlet(s) Provide documentation that cover complies with ASME/ANSI A112.19.8-2007. For custom or large grating, attach verification of field testing by a Registered Design Professional in accordance with ASME/ANSI A112.19.8-2007.

Make and Model _____

Flow Rate: (gpm) _____ Wall Floor Separate Planes

Size of Cover _____

Sump/Pot New Installation or Existing Sump/Pot

Manufactured (check one)

Make and Model _____

Unknown make and model,

Specify Dimensions : _____

OR Field fabricated, specify dimensions _____

Meets the manufacturer's installation instruction for the cover specified above: Yes No

Clearance between the cover and the suction outlet pipe (inches) _____

Interior diameter of suction outlet pipe (inches) _____

Maximum anticipated flow rate through the grate (gpm) _____

New Equalizer Line Covers:

Provide documentation that the cover complies with ASME/ANSI A112.19.8-2007.

Make and Model _____

Flow Rate: (gpm) _____ Wall Floor Size of Cover _____

OR

Temporary Disablement of Equalizer Lines (all items required):

All equalizer lines are disabled by plugging the equalizer suction line inside the skimmer pot;

AND All equalizer lines are provided with a cover that is in good condition and cannot be removed without the use of tools.

Form must be signed by the facility owner and a Pool Operator and Owner

I hereby certify that the above-referenced swimming pool or spa complies with the Virginia Graeme Baker Pool and Spa Safety Act and the information is correct.

Owner's Signature _____ Print Name _____

Title _____ Date _____

Operator's Signature _____ Print Name _____

Title _____ Date _____