



# Lincoln County Environmental Health

115 W. Main Street  
Lincolnton, NC 28092  
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## 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): \_\_\_\_\_

Community Served (please check all that apply):

Fitness/Athletic     Swim Club       Spa Institution       Hotel/Motel  
 Subdivision/Apartment Complex       Institution  
 Other: \_\_\_\_\_

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

*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 complete sets of plans for review.** (In some cases 2 sets of plans may be required & digital plans may be accepted). 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 – (see check list on next page);
  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 \$250.00**
- **Application** for approval to construct or renovate a public swimming pool.

Specification documents submitted for:

If Applicable:

- Circulation Pump
- Filter
- Automatic Chemical Feeder
- Skimmers
- Return Flow Meter
- Main Drain Covers/Grates
- Adjustable Inlets

- Pool Heater
- Slide
- Diving equipment
- Surge Container
- Variable Height Surface Skimmer
- Water Recreation Features
- Feature Pump

**POOL**

Will pool be lifeguarded?  Yes  No

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

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

Pool Surface Area: \_\_\_\_\_ sq. ft

Pool Perimeter: \_\_\_\_\_ ft

Volume: \_\_\_\_\_ gallons

Design Flow Rate: \_\_\_\_\_ gpm

Turnover Rate: \_\_\_\_\_

Maximum User Loading for Pool: \_\_\_\_\_

Materials of Construction:

Pool Shell:  Concrete  Vinyl  Gunite  Fiberglass  
 Other: \_\_\_\_\_

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

Pool Surface Finish Slip Resistant?  Yes  No

Shallow Area Depth: \_\_\_\_\_ ft

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

***Equalizer lines may not be installed.***

Main Drain Size: \_\_\_\_\_ sq. in Max GPM Main Drain Cover Can Handle: \_\_\_\_\_

Main Drain Pipe Size: \_\_\_\_\_ in

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

Type of Disinfection:  Chlorine  Bromine  Salt Water System  Biguanide

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

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:** A SCALED DRAWING OF THE RESTROOM FACILITES MUST BE SUBMITTED EVEN IF THE RESTROOM FACILITES WERE CONSTRUCTED PRIOR TO APPLICATION FOR POOL CONSTRUCTION.

*Note: Session Law 2011-39 Senate Bill 368 states in part that requirements related to dressing and sanitary facilities do not apply to interactive play attractions.*

Number of fixtures provided:

Males

Showers: \_\_\_\_\_

Lavatories: \_\_\_\_\_

Water Closets: \_\_\_\_\_

Urinals: \_\_\_\_\_

Females

Showers: \_\_\_\_\_

Lavatories: \_\_\_\_\_

Water Closets: \_\_\_\_\_

Bench or room provided for dressing?  Yes  No

Are showers provided on the pool deck enclosure?  Yes  No

\*Are showers drained to sanitary sewer?  Yes  No

*\*Shower drains are enforced by the building codes department.*

**CHEMICAL AND EQUIPMENT ROOM:**

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

- Shelf provided
- Lighting

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

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

- Lighting
- Floor drain to sanitary sewer
- Floor sloped not less than ¼ inch to drain

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

**CALCULATIONS: *Show calculations.***

POOL PERIMETER:

SURFACE AREA:

VOLUME (in gallons):

DESIGN FLOW RATE (gpm):

TURNOVER RATE:

BATHER LOAD:

**RESPONSIBILITY:**

**The Department** shall approve, disapprove or provide written comment 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, before concrete is poured, 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 built, the location of all pipes and 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 and specification 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. If construction is not initiated within one year after plan approval, the approval is void.

Any deviation from approved plans without prior approval from the Department will void approval.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner)