ADDENDUM TO APPLICATION FOR PUBLIC SWIMMING POOL OPERATION PERMIT

Pool Name: ________________________________________________________________

Pool Address: ________________________________________________________________

Read and initial the statements below. Sign and return this form with application.

I understand that Suction Outlet Covers must be replaced in accordance with manufacturer’s instructions or in the case of poor repair. Initial: ________

Have Suction Outlet Covers been replaced this year in accordance with manufacturer’s instruction or due to poor repair? ☐ Yes, Drain Safety Compliance Sheet(s) enclosed.

☐ No, suction outlet covers have not been replaced the year.

Operators responsible for pools that are connected to a Safety Vacuum Release System must test the SVRS annually before permitting. As the operator, it is your responsibility to assure the SVRS has been tested and is operational in accordance with manufacturer’s instructions.

Initial: ________

I will maintain and provide upon request documentation verifying the person responsible for operating the pool has been trained on pool equipment operation, disease and injury prevention, pool water chemistry and regulatory requirements for public swimming pools. Or a CPO certificate will be provided.

Initial: ________

I understand that if any equipment has been replaced such as pumps, filters, chlorinator, main drain covers, equalizer covers or chemical treatment method has changed; equipment specification documents must be submitted.

Initial: ________

I understand that there will be a $75.00 wasted trip fee if my pool does not pass the scheduled opening inspection due to non-compliance with one or more items listed on the enclosed check sheet.

Initial: ________

I understand that pools may not open to swimmers until a permit to operate has been issued. This includes swim team training. (General Statute 130A-281 Operation Permit Required. No public swimming pool may open for use unless the owner or operator has obtained an operation permit issued by the Department pursuant to rules adopted under G.S. 130A-282. (1989, c. 577, s. 1.).

Initial: ________

Signed:__________________________________________________  Date: ________________

(Owner/Operator)

MISSION STATEMENT
The Lincoln County Health Department provides quality health services to promote a healthy community.

VISION STATEMENT
Lincoln County Health Department services will promote healthy lifestyles through prevention, preparedness, and education.