



Lincoln County Environmental Health

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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 (main drain and equalizer covers) must be replaced in accordance with manufacturer's instructions or in the case of poor repair. **DSC Form due annually.** Initial: _____

Have Suction Outlet Covers been replaced this year in accordance with manufacturer's instruction or due to poor repair?
 Yes, **Completed Drain Safety Compliance Form(s) must be 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. **Test required during opening inspection.**

Initial: _____

I have submitted with my application and will maintain at the pool site 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** or other appurtenances such as the **pool fence, gate(s), slides or diving boards** have been changed or replaced; equipment specification documents must be submitted.

Initial: _____

I understand that before review of the pump / motor can begin a visual inspection of the copper bonding wire will be done to ensure it is intact, attached and undamaged. The electrical power supply wire for the motor should not be wrapped in electrical tape or connected with wire nuts. Every time the bonding wire is reconnected to the motor an electrical inspection is required by law. The reconnection must be done by a licensed electrician.

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)

Revised 2020

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.