

N.C. Department of Environment and Natural Resources

Division of Environmental Health

APPLICATION FOR PUBLIC SWIMMING POOL OPERATION PERMIT

POOL INFORMATION:

Name of public swimming pool: _____

Street address of pool location: _____

City: _____ County: _____

Type of public swimming pool: *(check one)*

<input type="checkbox"/>	Swimming pool
<input type="checkbox"/>	Wading pool
<input type="checkbox"/>	Spa
<input type="checkbox"/>	Other <i>(describe)</i> _____

Date constructed or remodeled: *(check one)*

<input type="checkbox"/>	Before May 1, 1993
<input type="checkbox"/>	May 1, 1993 or later

Dates of operation: opening date _____ closing date _____

Hours of operation: opening time _____ closing time _____

OWNER INFORMATION

Name of owner: _____

Mailing address: _____

Contact person: _____ Telephone: _____

OPERATOR (On-Site Manager) INFORMATION:

Name of pool operator: _____

Address: _____

Telephone Number: _____

Pool operator trained by: _____

(Certificate Number: _____)

APPLICATION SUBMITTED BY:

Owner or operator: _____
Signature *Typed or printed name*

Date: _____