



Union County Public Health Division

Environmental Health Section

500 N. Main St. Suite 47

Monroe, NC 28112

UCinspections@unioncountync.gov

APPLICATION REQUEST

APPLICATION TYPE:

- NEW FOOD SERVICE ESTABLISHMENT (\$250) - Complete Plan Review application
- RENOVATIONS/CHANGES to food preparation area, seating capacity, addition of room (\$150) - Complete Plan Review application
- CHANGE OF TENANT ONLY
- MOBILE FOOD UNIT / PUSH CART (\$150) - Complete Plan Review application.
- LIMITED FOOD SERVICE - (Concession Stands / Lodging) (\$75) - Submit menu.
- TEMPORARY FOOD ESTABLISHMENT (\$75) - Submit menu. **Name of EVENT:** _____
- NEW SWIMMING POOL (\$250) - Submit plans and specification sheets.
- SWIMMING POOL OPERATION PERMIT (\$275) – Submit State Application for Public Swimming Pool Operation Permit, and Pool Drain Safety Compliance Data Form. **Number of Pools** _____ **X \$275 =** _____
- LODGING - Submit plans and menu.
- RESIDENTIAL CARE - Inspection request.
- HOSPITAL, NURSING HOME AND OTHER INSTITUTIONS **Circle applicable Establishment**
 - Hospital
 - Adult Day Care
 - Local Confinement
 - Nursing Home
 - School
- CHILD CARE CENTER - Complete Plan Review application
- TATTOOS (\$200) Complete NC application for Tattooing Permit
- CAMPS Complete Plan Review application

Additional information may be requested.

BUSINESS AND CONTACT INFORMATION

Establishment Name: _____

Current Establishment Name (If applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

ESTABLISHMENT OWNER:

Name: _____ Company: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Owner Phone: (_____) _____ E-Mail: _____

DESIGNER/CONTRACTOR/OPERATOR:

Name: _____ Company: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-Mail: _____

CONTACT PERSON FOR PLAN STATUS NOTIFICATION:

Contact Person: _____

Contact Phone: (_____) _____ E-Mail: _____

ESTABLISHMENT INFORMATION

Projected Start Date: _____ Projected Date for Completion: _____

OR Dates of Operation: _____

SEWER: YES NO

PUBLIC WATER: YES NO

Occupancy:

I declare under penalty of perjury that to the best of my knowledge and belief, the description of use and information contained on this application and plans are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this review and the operation of this business. **I also agree to conform to all conditions, orders, and directions, issued pursuant to the North Carolina Rules.** I understand that if the plans are incomplete due to a lack of any of the required information, the plans will be rejected.

Authorized Signature: _____

Date: _____

Print Name and Title Here: _____

N.C. Department of Environment, Health, and Natural Resources
Division of Environmental Health

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 _____
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 fl. Drain
_____ Fl. 1/4" slope to drain
Ceiling height _____ ft.

7. Chemical Storage Area:
_____ Dry _____ Ventilated

8. Circulation Pump:
Make _____
Model # _____ H.P. _____

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 (hours) _____

10. Automatic Chemical Feed:
Type _____ Make _____
Model # _____
Automatic soda ash feed:
Type _____
_____ Overflow type _____ Surge tank

11. Bathroom/Toilet Room:
_____ Number of toilets, female
_____ Number of toilets, male
_____ Number of urinals
_____ Lavatories _____ Showers
_____ Fl. Drain to sanitary sewer
_____ Non-skid floor finish

12. Wastewater Disposal:
Sewage to: _____
Pool overflow & backwash water to :

FORM COMPLETED BY:

(Name)
DEHNR T615 (3/90)
Environmental Health Services Section

(Title)

(Date)



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Environmental Health Section

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Pool Drain Safety (VGB) Compliance Data Sheet

POOL INFORMATION

Name of Pool: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

PERMIT CANNOT BE ISSUED IF FORM IS INCOMPLETE

Pump System Flow
Must submit a form for each pumping system

(If more than one type of pump on one pumping system, attach additional sheets with "pump #2, #3", etc.)

Pump Manufacturer _____ Model # _____ HP _____

Maximum Pump Flow (flow rate from manufactures' s pump curve) _____ gpm

Must provide supporting evidence for flow reduction

Drain Sump Measurements

This is the area under the floor drains, if field built sump may need to remove drain cover one time to measure.

Check here if sumpless _____, then proceed to next section

Sump size(inside dimensions): _____ inches diameter(if round) or _____ inches by(X) _____ inches (if square)

Sump minimum depth: _____ inches Diameter of suction outlet pipe to pump: _____ inches

Distance of top (inside) of suction outlet pipe from bottom of cover/grate: _____ inches

Sump manufacture and model # if available _____

Drain Cover/Grate data

Number of main drains on same pumping system _____ Distance between drains (on centers) _____ inches ("NA" if single drain)

Drain cover/grate manufacturer: _____ Model #: _____ Lifespan: _____

Maximum flow rating of cover/grate: _____ gpm (floor); _____ gpm (wall)

Date drain cover/grates installed: _____ Expiration date: _____

Equalizer Covers

Number of operable skimmer equalizers _____ OR Have the equalizers been disabled? [] Yes [] No

Equalizer fitting manufacturer: _____ Model #: _____ Lifespan: _____

Maximum flow rating(gpm) _____

Date equalizer cover/grates installed: _____ Expiration date: _____

Safety Vacuum Release System (SVRS)

SVRS required if dual drains are closer than 3 feet on center or pump has a single drain with blockable cover or sump.

Safety Vacuum Release System manufacturer: _____

Vacuum line

[] No vacuum line in pool OR

[] Protective cover on vacuum lines installed before May 1, 2010 OR

[] Self-closing, self-latching cover designed to be opened with a tool on vacuum lines installed after May 1, 2010

Name of person completing _____ Title _____ (PRINT)

Signature _____ Date _____