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)
- Swimming pool.
- Wading pool
- Spa
- Other (describe)_____

Date constructed or remodeled: (check One)
- Before May 1, 1993
- 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: (check one)
- National Swimming Pool Foundation (Certificate Number:_____)
- Other (please specify)_____

APPLICATION SUBMITTED BY:

Owner or operator: _____ _____
Signature Typed or printed name

Date:_____