



ENVIRONMENTAL HEALTH SECTION  
106 EAST MORGAN STREET  
SUITE 105  
BREVARD, NC 28712  
828.884.3139 FAX: 828.884.3259

Date: February 20, 2026  
To: Pool Owners and Operators, Transylvania County  
From: Gabrielle Tucker, REHS  
Subject: **2026 Swimming Pool Season**

At least **3 weeks prior to your planned opening date**, please return the following items:

1. Pool Permit Application, Be sure that all information provided is correct. Please include an email address where we can easily contact you. Please note that if the pool operator is different from the pool owner, both owner and operator information must be listed on the application. Proof of pool operator training is required, please provide a copy of your pool operator certificate. Please ensure that the application is signed by the pool owner or operator.
2. Pool Drain Safety Compliance Data Sheet(s) Please provide an updated copy of the Pool Drain Safety Compliance Data Sheet using the provided form. **\*Please note**, Only new pumps or pumps changed mid-season last year will be required to submit pump photos. Pumps will be verified in the field against submitted photos and submitted SDS. Pumps that do not match may result in a permit denial.
3. If you have a flow reduction this year you will be required to meet the standard of having a properly installed flow meter that accurately measures the flow rate within 5% of the actual flow. If you have questions about this requirement please reach out to the department so that we can walk you through potential work arounds.
4. Permit fees should be made payable to **Transylvania County**. You may pay by Visa, MasterCard, Discover or AMEX by calling 828-884-3139, extension 1, or in person at the address above. (Do not send payment information by email!)

Seasonal Pools	Operate from April 1 or later until October 31 or earlier	First pool	\$200
		Each additional pool	\$150
Year-Round Pools	Operate before April 1 or after October 31	First pool	\$250
		Each additional pool	\$150

**Incomplete applications and/or Pool Drain Safety Compliance Data Sheets will not be processed and appointments cannot be made until complete applications and Pool Drain SDS forms have been turned in, payment received and processed. An operation permit cannot be issued unless the pool is compliant with ALL applicable rules. A pool may not operate until a permit has been issued by the Department.**

## BEFORE YOU CALL FOR AN INSPECTION

1. Pools not previously permitted for nighttime swimming will require an inspection after dark to verify that lighting requirements can be met.
2. If replacing main drain or skimmer equalizer covers with the same cover, **verify the cover flow rate has not changed** before purchasing and installing new covers. Multiple covers have changed flow rates over the off-season. Contact the Department prior to purchase to verify compliance.
3. If drain covers are set to expire during the pool season, drain covers must be replaced prior to calling for a permitting inspection.
4. If you have a Vac-alert, Stingl or similar device, **PLEASE TEST YOUR SYSTEM** before requesting an inspection. Be prepared to provide a cover for the main drain for testing your system at the time of inspection.
5. All 911 phones must be tested for a dial tone on the date of inspection prior to the arrival of the EHS.
6. Records from the 2025 pool season and records prior to opening for the 2026 pool season must be retained.

# Monthly Pool Record – Month: \_\_\_\_\_ Year: \_\_\_\_\_

Name of Pool: \_\_\_\_\_ Circle Type of Pool: Swimming, Wading, Spa, Other

CPO Name(s): \_\_\_\_\_

Date	Time	Free Cl	pH	Drains	Temp	TA*	CA*	Maintenance (Backwash, Vacuum, Chemicals)	CPO Signature
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2									
3									
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\*Check and record total alkalinity (TA) and cyanuric acid (CA) weekly. The Pool Operator shall inspect the pool daily and maintain written records.

Name of Pool \_\_\_\_\_ Pool ID# \_\_\_\_\_

Pool Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Pump System Flow**

Pump Type: Circulation/Filtration \_\_\_\_\_ Hydrotherapy/Jets \_\_\_\_\_ Water Feature \_\_\_\_\_

Pump 1: Pump Manufacturer \_\_\_\_\_ Model Number \_\_\_\_\_

Maximum Pump Flow (manufacturer's specifications) \_\_\_\_\_ gallons per minute

If provided, Pump 2: Pump Manufacturer \_\_\_\_\_ Model Number \_\_\_\_\_

Maximum Pump Flow (manufacturer's specifications) \_\_\_\_\_ gallons per minute

**TOTAL SYSTEM FLOW** (gallons per minute) \_\_\_\_\_

Flow Reduction: Attach supporting evidence such as calculations for flow reduction OR true flow readings from a properly installed flow meter; **documentation must be attached to this form.**

**FLOW REDUCTION** (gallons per minute) \_\_\_\_\_

**Drain Sump Measurement**

Sump Width: Round Shaped \_\_\_\_\_ inches diameter OR Rectangle/Square Shaped \_\_\_\_\_ inches by \_\_\_\_\_ inches

Sump Depth: \_\_\_\_\_ inches Diameter of outlet pipe to pump \_\_\_\_\_ inches,

Outlet pipe enters sump through \_\_\_\_\_ bottom OR \_\_\_\_\_ side

Distance from outlet pipe to bottom of cover/grate \_\_\_\_\_ inches

Sump Manufacturer and model # if available \_\_\_\_\_

**Drain Cover/Grate Data System**

Number of drains on the same pumping system \_\_\_\_\_ Distance between drains (on center) \_\_\_\_\_

Cover/Grate Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Lifespan \_\_\_\_\_

Maximum Flow rating of cover/grate \_\_\_\_\_ gallons per minute

Drain Cover/Grate Date of Manufacture (when it was made) Before \_\_\_\_\_ OR After \_\_\_\_\_ May 24, 2021

Installation Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Skimmer Equalizer Covers**

Number of disabled skimmer equalizers \_\_\_\_\_ Number of Operable skimmer equalizers \_\_\_\_\_

Permanently? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_ Manufacturer \_\_\_\_\_

If yes, how were they disabled? \_\_\_\_\_ Model Lifespan \_\_\_\_\_

Maximum flow rating of cover/grate; Floor \_\_\_\_\_ gpm; Wall \_\_\_\_\_ gpm

Diameter of equalizer pipe \_\_\_\_\_ Date Installed \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Secondary Methods of Preventing Bather Entrapment:** Safety Vacuum Release System (SVRS) required if dual drains are closer than 3 feet on center, or if the pump has a single drain with a blockable cover or sump.

SVRS Manufacturer and Model No. \_\_\_\_\_

**Vacuum Line:** Choose One

- 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

Full Name of the individual completing this form \_\_\_\_\_

Signature \_\_\_\_\_ Date Completed \_\_\_\_\_

*\*For Office Use Only Below This Line\**

Date Received: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

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## **Instructions for Completion and Submission of Pool Drain Safety Compliance Data Form**

Please review the instructions below to ensure the Pool Drain Safety Compliance Data form is properly completed and submitted with all information required. All submissions will be need to be approved and verified by the Health Department prior to the issuance of an operation permit for the pool in accordance with Rule .2539(c).

### **POOLS WITH MULTIPLE PUMPING SYSTEMS MUST SUBMIT A FORM FOR EACH PUMPING SYSTEM.**

1. **PUMP FLOW** – Enter the maximum flow from the manufacturer’s pump performance curve. Pump curves can be found online at <http://ehs.ncpublichealth.com/faf/pti/drainsafety.htm> and <http://charneck.org/mecklenburg/county/HealthDepartment/EnvironmentalHealth/PublicSwimmingPools/Pages/default.aspx>
2. **DRAIN SUMP MEASUREMENTS** – Measurements are needed to determine the size of the cover/grate and to assure the sump is deep and wide enough to meet the requirements in the cover/grate manufacturer’s specifications. Information on documenting the size of the drain sump can be found at: <http://ehs.ncpublichealth.com/faf/pti/drainsafety.htm>
3. **DRAIN COVER/GRATE DATA** – Enter the manufacturer, model, lifespan expiration date and maximum flow for the main drain cover(s). Various approved covers can be found under *VGB Approved Drain Covers and Equalizer Covers* listed at the following website: <http://charneck.org/mecklenburg/county/HealthDepartment/EnvironmentalHealth/PublicSwimmingPools/Pages/default.aspx> or at the drain cover manufacturer’s website.
4. **EQUALIZER COVERS** – Enter the number of operable equalizer line covers, the manufacturer, model, lifespan expiration date and maximum flow for the equalizer covers. Various approved covers can be found under *VGB Approved Drain Covers and Equalizer Covers* listed at the following website: <http://charneck.org/mecklenburg/county/HealthDepartment/EnvironmentalHealth/PublicSwimmingPools/Pages/default.aspx> or at the equalizer cover manufacturer’s website. If all equalizer lines are disabled or pool has no equalizer lines, please indicate and provide details with this form.
5. **SAFETY VACUUM RELEASE SYSTEM (SVRS)** – SVRS is required if dual drains are closer than 3 feet on center or pump has a single drain with a blockable cover or blockable sump. Enter the manufacturer of the safety vacuum release system (SVRS). If using another secondary method of preventing bather entrapment allowed in Rule .2539(b), please attach documentation.
6. **VACUUM LINE** – If vacuum line ports are present in the pool, please indicate the type of cover(s) on the form.

**FORM COMPLETION – A separate Pool Drain Safety Compliance Data form must be completed and submitted for each individual pool at a facility including spas, wading pools, and other pools.**

The Health Department understands that the required information and/or measurements may be beyond the scope of owners or operators. In those cases, it is recommended that you contact a Registered Design Professional (Professional Engineer or Licensed Architect) or a knowledgeable pool professional to assist you in completing the form.

**APPLICATION FOR PUBLIC SWIMMING POOL OPERATION PERMIT**

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**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: \_\_\_\_\_

Email address: \_\_\_\_\_

**OPERATOR (On-Site Manager) INFORMATION:**

Name of pool operator: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Pool operator trained by: \_\_\_\_\_

(Certificate number): \_\_\_\_\_

**APPLICATION SUBMITTED BY:**

Owner or operator:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Typed or printed name*

Date : \_\_\_\_\_