

HARNETT COUNTY PLAN REVIEW APPLICATION SWIMMING POOLS

Review for Compliance with NC Rules Governing the Public Swimming Pools (15A NCAC 18A .2500)

All items are to be submitted through the Central Permitting Office at 108 East Front St., Lillington, NC 27546 or by mail at PO Box 65, Lillington, NC 27546. You may contact the Central Permitting Office at 910-893-7525, Ext. 2. However, please contact our office with questions regarding the contents of this application.

If you have question, contact one of the following Food and Lodging staff listed below at 910-893-7547:

Gale Violette Greene, RS
Food and Lodging Program Specialist

Jamie Turlington, RS
Environmental Health Specialist

Cindy Pierce, RS
Environmental Health Specialist

Plans which are submitted for institutional establishments require plan review to assure compliance with the North Carolina *Rules Governing Public Swimming Pools (15A NCAC 18A .2500)*, which is necessary to obtain an operations permit once construction is approved. A plan review fee of \$300.00 must be paid when plans are submitted.

Plans must be submitted with the following supporting documentation:

- Plans must show pool, deck, fencing, and any other appurtenant building.
- Plans must include drawing showing the placement of equipment in the facility, including any equipment rooms, chemical storage rooms, toilets and bathing facilities, dressing rooms, along with general plumbing, electrical, and mechanical and lighting details.
- Piping schematic showing piping, pipe size, inlets, main drains, skimmers, gutter outlets, vacuum fittings and all other appurtenances connected to the pool piping system.
- Specifications of all treatment equipment used and their layout in the equipment room, include equipment cut sheets.
- Plans must include a site plan locating exterior equipment such as dumpsters or compactors, and indicating the proposed connections to approved sewer and water connections and backwash water disposal.
- Plans shall be drawn to not less than one eighth inch to the foot scale.

PUBLIC SWIMMING POOL DATA SHEET

Name of Pool:	YMCA Harnett County						
Location:	107 Carletta Cagle Drive Cameron, NC 28326						
Pool Contractor:	Clayton Britt and Sons Inc				Date of Construction	Summer 2019	
1-Pool dimensions				6-Equipment Room			
Pool volume	77328			<input checked="" type="checkbox"/>	Weatherproof Building		
Surface Area	2,274			<input checked="" type="checkbox"/>	Well Ventilated		
Bather Load	151			<input checked="" type="checkbox"/>	Sanitary Sewer Floor Drain		
2-Pool Structure				Ceiling Height: 8' min ft			
<input checked="" type="checkbox"/>	Fiberglass	<input checked="" type="checkbox"/>	Concrete	7-Chemical Storage Area			
<input checked="" type="checkbox"/>	Gunite	<input checked="" type="checkbox"/>	Rounded corners	<input checked="" type="checkbox"/>	Dry	<input checked="" type="checkbox"/>	Ventilated
	Other -----Specify→			8-Circulation Pump			
Number of Main Drains	2			Make	Pentair EQ Series		
Size of grate	18"x18"			Model	EQKT-750		HP 7.5
Anti-Vortex	N/A			9-Filter			
Number of Returns/ Inlets	18			Sand	<input checked="" type="checkbox"/>	DE	Cartridge
In wall	10	In floor	8	Make	Pentair		
Size of pipe	4"			Model	THS Series 4272		
Number of skimmers	8			Circulation Rate (GPM)	394		
Overflow gutters	N/A			Backwash Rate (GPM)	394		
Number of Outlet Drains	N/A			Pressure Gauge	<input checked="" type="checkbox"/>		
Hair and lint catcher	<input checked="" type="checkbox"/>			Sight Glass	<input checked="" type="checkbox"/>		
3-Fill spout				Flow Meter	<input checked="" type="checkbox"/>		
Location	N/A			Air Relief Valve	<input checked="" type="checkbox"/>		
Size of pipe	1"			Pool Heater	N/A		
Other method to fill	Direct fill into return line			Turnover Rate	3.71HR at 350GPM		
Back Flow Prevention	RPZ			10-Automatic Chemical Feed			
Source of Water	County			Type	Chemical	Make	Prominent
4-Deck: Type				Model Number	DCM51	Series 510	
Finish	Concrete			11-Bathhouse/Toilet Room			
Minimum width	5'	ft		# toilets, female	5	Floor drain to sewer-→	<input checked="" type="checkbox"/>
Slope	1/4" min to 1/2" max			# toilets, male	5		
<input checked="" type="checkbox"/>	Deck drains	N/A	Diving Boards	# urinals	0		
<input checked="" type="checkbox"/>	Hose Bib	<input checked="" type="checkbox"/>	Depth Markers	# lavatories	7	Non-skid flooring	<input checked="" type="checkbox"/>
Number of ladders	2			# showers	8		
Number of stairways	1			12-Wastewater Disposal			
Outside rinse showers				Sewer to -→	County		
5-Safety Equipment				Pool overflow & backwash water to-→ storm sewer			
Underground lights	3						
Deck lights	N/A						
Ring Buoy w/ rope	<input checked="" type="checkbox"/>						
Floating life line	<input checked="" type="checkbox"/>						
Shepherd's crook	<input checked="" type="checkbox"/>						
Spa timer	N/A						
Telephone	<input checked="" type="checkbox"/>						

Form completed by:

Christine Cox

Name

Project Coordinator

Title

6/11/2019

Date:

New Suction Outlet(s) Provide documentation that cover complies with ASME/ANSI A112.19.8-2007. For custom or large grating, attach verification of field testing by a Registered Design Professional in accordance with ASME/ANSI A112.19.8-2007.

Make and Model AquaStar P18101

Flow Rate: (gpm) 740 ___ Wall Floor ___ Separate Planes

Size of Cover 18" x 18"

Sump/Pot ___ New Installation or ___ Existing Sump/Pot

___ Manufactured (check one)

 Make and Model _____

 Unknown make and model,

 Specify Dimensions : _____

OR Field fabricated, specify dimensions 18" x 18"

Meets the manufacturer's installation instruction for the cover specified above: Yes ___ No

Clearance between the cover and the suction outlet pipe (inches) 9"

Interior diameter of suction outlet pipe (inches) 6"

Maximum anticipated flow rate through the grate (gpm) 350

New Equalizer Line Covers:

Provide documentation that the cover complies with ASME/ANSI A112.19.8-2007.

Make and Model N/A

Flow Rate: (gpm) _____ ___ Wall ___ Floor Size of Cover _____

OR

Temporary Disablement of Equalizer Lines (all items required):

_____ All equalizer lines are disabled by plugging the equalizer suction line inside the skimmer pot;

AND _____ All equalizer lines are provided with a cover that is in good condition and cannot be removed without the use of tools.

Form must be signed by the facility owner and a Pool Operator and Owner

I hereby certify that the above-referenced swimming pool or spa complies with the Virginia Graeme Baker Pool and Spa Safety Act and the information is correct.

Owner's Signature _____ Print Name _____

Title _____ Date _____

Operator's Signature _____ Print Name _____

Title _____ Date _____