



Polk County Health & Human Services Agency

Economic Services | Public Health | Senior Services | Social Services | Public Transportation | Veteran Services

Environmental Health

Application to Construct, Install, Remodel, or Modify a Public Swimming Pool

To construct or remodel a public pool, please complete this form, and submit to your local health department, along with plans and specifications.

1. Type of work

- Construct/ Install a facility Remodel/modify a facility
- Commercial Residential

2. Community Served:

- Fitness/Athletic Institution Multi-Family
- Hotel/Motel Swim club Single family homes
- Mixed use (single/multi-family)
- Other: _____

3. Type of Pool:

- Swimming pool Spa (whirlpool)
- Wading (baby) pool Specialized water attraction
(slide/lazy river/interactive play/scuba training, etc.)

4. Bather Load: _____

5. Initial below to indicate an emergency telephone and required signage will be provided in the pool area.

Initials: _____

6. Pool Dimensions:

Surface Area: _____ ft² Average Depth: _____ ft
 Maximum Depth: _____ ft Volume: _____ gal
 Perimeter: _____ ft

8. Water Supply

- Municipal Other

9. Sewage Disposal:

- Municipal Other

10. Backwash Wastewater Disposal:

- Sanitary sewer Sump pit with 6" air gap
- Other

11. Barrier type: _____

Height: _____ ft.

12. Drawings Provided:

- Site layout Surface view of pool
- Chemical room Piping plan
- toilet/restroom Cross-section of pool
- Equipment Room Equipment schematics

13. Two sets of plans provided

18x24 inches minimum.

14. Specification sheets provided

15. Name of Owner: _____

16. Address of Owner: _____

17. Phone: Office (_____) _____ - _____ Mobile (_____) _____ - _____

18. Facility Location: _____

19. Name of Contractor: _____

20. Address of Contractor: _____

21. Phone: Office (_____) _____ - _____ Mobile (_____) _____ - _____ MBL/PGR # _____

22. Name of POOL Contractor: _____

23. Address of Contractor: _____

24. Phone: Office (_____) _____ - _____ Mobile (_____) _____ - _____ MBL/PGR # _____

The undersigned person hereby agrees that the contents of this application are true. It is understood that an approval applied for herein shall be void and of no effect if any of the above facts are not true.

Submitted By: _____ Date: _____

Owner/Representative

Main Office	Public Health Clinic Services	Public Health Environmental Health	Social & Economic Services	Senior & Veteran Services (VSO)	Public Transportation
40 Courthouse St Columbus, NC 28722 828-894-2114	161 Walker St, Columbus, NC 28722 828-894-8271	35 Walker St, Columbus, NC 28722 828-894-3739	231 Wolverine Tr Mill Spring, NC 28756 828-894-2100	75 Carmel Lane Columbus, NC 28722 828-894-0001 828-894-0003 (VSO)	3 Courthouse Square Columbus, NC 28722 828-894-8203