

**CARTERET COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
3820 BRIDGES STREET, SUITE A
MOREHEAD CITY, NC 28557**

FOR OFFICE USE ONLY

DATE PAID: _____

AMOUNT PAID: _____

RECEIVED BY: _____

**APPLICATION FOR PUBLIC SWIMMING POOL OPERATION
PERMIT**

The Carteret County Environmental Health Division shall issue a permit
Prior to operating any public swimming pool as stated 15A NCAC 18A .2500
Rules Governing Public Swimming Pools .2510 (a).

POOL INFORMATION:

Name of Public Swimming Pool: _____

Street address of pool location: _____

Physical location of the pool: _____

Type of public swimming pool:(check one) /_/Swimming Pool /_/Wading Pool /_/Spa
/ / Other (describe) _____

ANNUAL INSPECTION FEE – FIRST POOL = \$200.00/EACH ADDITIONAL POOL = \$125.00

Date constructed or remodeled: (check one) /_/Before May 1,1993 /_/May 1,1993 or later

Type of disinfection: _____

Dates of operation: opening date _____ closing date _____

Hours of operation: opening time _____ closing time _____

OWNER INFORMATION:

Name: _____

Mailing Address: _____

Contact Person: _____ Telephone: _____

Email Address: _____

CERTIFIED POOL OPERATOR INFORMATION:

Name of Certified Pool Operator: _____

Address: _____

Phone: _____ Date of Certification (include copy of certification): _____

I understand that I am required to schedule an inspection with the Carteret County Environmental Health Division a **minimum of seven (7) days** prior to my proposed opening date and that the pool operator is trained on pool water chemistry, pool safety and pool maintenance.

Signature: _____ Date: _____