

Demerit Score: 0

Health Department 32 Durham

Inspection of Swimming Pool

Date of Insp/Chg: 06 / 08 / 2018

Current Facility ID 4032500017

Status Code: A

Old Facility ID

Water Supply: ☒ Municipal/Community ☐ On-Site Supply

Water sample taken today?

☐ Yes ☐ No

☒ Inspection

☐ Re-inspection

☐ Visit

☐ Name Change

☐ Verification of Closure

☐ Status Change

Wastewater: ☒ Municipal/Community ☐ On-Site System

Name of Establishment: CHAPEL TOWER APTS

Pool Operator:
(F, L)

Location Address: 1315 MORREENE RD

Mailing Addr.

City: DURHAM

State: NC

Zip: 27705

City:

State:

Zip:

* Indicates critical item (6-point demerit)

WATER QUALITY: (.2535)

*1. Water clear enough to clearly see bottom of pool and pool drain 6

*2. Disinfectant residual provided by:

free chlorine = 1.0 (at least 1.0 ppm or 2.0 ppm where required);

bromine = (at least 2.0 ppm); or

biguanide = (30 to 50 ppm)..... 6

*3. Pool water pH = 7.7 (7.2 to 7.8)..... 6

*4. Water temperature of heated pool (swimming pool) or 104°F (spa) 6

5. Daily written records of water quality and test kit kept on site 4

POOL MAINTENANCE:

*6. Main drain covers secured and in good repair, no suction hazard. Single drains protected by April 1, 2006 (.2537, .2539)..... 6

7. Pool walls and floor kept clean, free of debris and in good repair (.2537).... 4

8. Surface skimmers (with weirs, baskets and covers) or gutters clean, in good repair, and functioning properly, no floating debris (.2518, .2537) 4

9. Depth markings and no diving markers or signs visible and properly located (.2523, .2537)..... 4

10. Safety ropes with floats and contrasting color bands provided at shallow area breakpoints (.2515, .2523)..... 2

11. Diving equipment, ladders, steps and handrails properly placed, in good repair (.2517, .2521)..... 2

12. Inlets and other fittings in place and in good repair (.2537)..... 4

13. Contrasting band on steps and benches (.2521, .2516, .2532)..... 4

14. Spa timer working properly (.2537)..... 4

PREMISES:

*15. Body hook and ring buoy with throw rope or lifeguard with rescue tube provided and properly located (.2530, .2537) 6

16. Fence or barrier with self-closing, self-latching gates properly constructed and maintained (.2528, .2537) 4

17. Decks unobstructed, properly drained, free of trip hazards (.2522, .2537)..... 4

18. Lifeguards present or warning signs posted (.2530) 4

19. Signs prohibit glass containers or pets in pool area(.2530) 4

20. Caution signs posted at hot water spas (.2532) 4

21. Pool and deck lighting provided at pools that operate at night (.2524, .2537) ... 4

*22. Emergency telephone provided (.2530) 6

EQUIPMENT ROOM:

23. Chlorine or bromine automatic feeders that meet NSF Standard 50 (.2535) 4

24. Approved pump, filter, and flow meter operating properly (.2518, .2519) 4

25. Equipment and chemicals kept in a dry, well-ventilated enclosure (.2533, .2534, .2537) 2

26. Valves and pipes identified by color codes or labels (.2518) 2

27. Filter backwash discharged through an air gap (.2513) 2

DRESSING AND SANITARY FACILITIES:

28. Bathhouse or rest rooms accessible; shower sign posted (.2526) 2

29. Required fixtures provided, clean, and in good repair (.2526) 2

30. Approved water source, no cross connections (.2512) 2

31. Sewage disposed of in a properly operating sewage system (.2513) 2

32. Floors smooth, slip-resistant, kept clean(.2520) 2

33. Hose bibbs and floor drains provided (.2520) 2

Comment Sheet Attached

☐ Yes ☒ No

Report Received by:

Inspection

Conducted by:

EHS I.D. # 2026 - Williams, John

COMMENT ADDENDUM

Name: CHAPEL TOWER APTS

ID: 4032500017

Street: 1315 MORREENE RD

City: DURHAM

Time In: 03 : 05 ☐ am ☒ pm

Time Out: 03 : 35 ☐ am ☒ pm

Total Time: 30 minutes



COMMENT ADDENDUM

Name: CHAPEL TOWER APTS

ID: 4032500017

Street: 1315 MORREENE RD

City: DURHAM



COMMENT ADDENDUM

Name: CHAPEL TOWER APTS

ID: 4032500017

Street: 1315 MORREENE RD

City: DURHAM



General Comments:

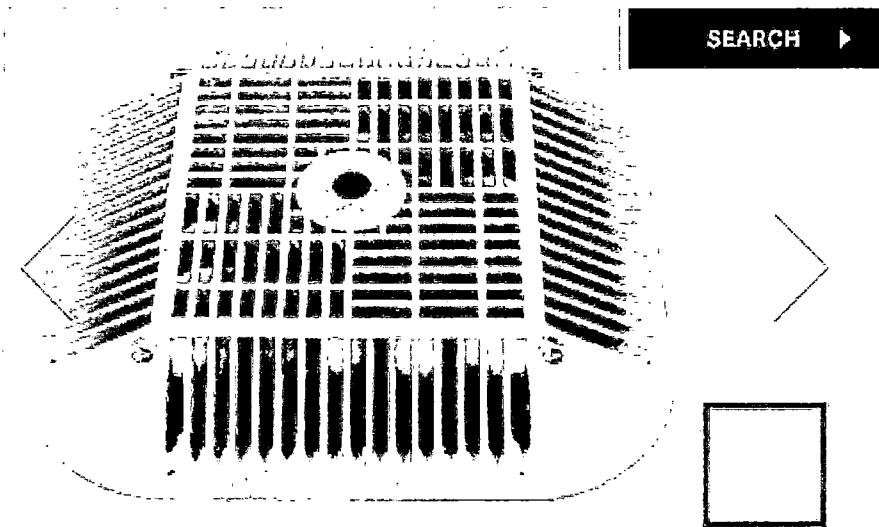


SEARCH ▶

Home > Pool > Drains & Drain Covers > 12" Main Drains & Sumps > AquaStar 16"
Square Anti-Entrapment Suction Outlet Cover, Mud Frame and Retro-Adapter
Sub-Frame for 12" Square 3/4" Deep Retrofits (VGB Series) | White | 1216101



AquaStar 16" Square Anti-Entrapment Suction Outlet Cover,
Mud Frame and Retro-Adapter Sub-Frame for 12" Square 3/4"
Deep Retrofits (VGB Series) | White | 1216101





Quantity:

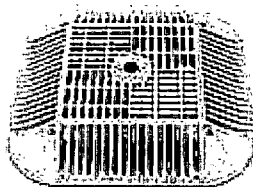
1

SEARCH

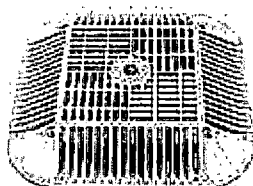
BUY NOW

- Requires a minimum 3" sump depth
- Use R1216xxx for 1" deep frames (Hayward, Waterway, American Pre-fab, CMP)
- Retrofits over all existing sumps/frames up to 15"
- The xxx in all AquaStar part numbers is the color number

Purchase Options



AquaStar 16" Square Anti-Entrapment Suction Outlet Cover, Mud Frame and Retro-Adapter Sub-Frame for 12" Square 3/4" Deep Retrofits (VGB Series) | Black | 1216102
\$115.68



AquaStar 16" Square Anti-Entrapment Suction Outlet Cover, Mud Frame and Retro-Adapter Sub-Frame for 12" Square 3/4" Deep Retrofits (VGB Series) | Light Gray | 1216103
\$115.68

↓ Show 3 More Purchase Options

Read 0 Reviews or Write a Review

Need advice or looking for more information?

Type in your question & press Enter.

or

Browse 1 question and 3 answers



OVERVIEW



Q & A



REVIEWS



RESOURCES



FOR YOU

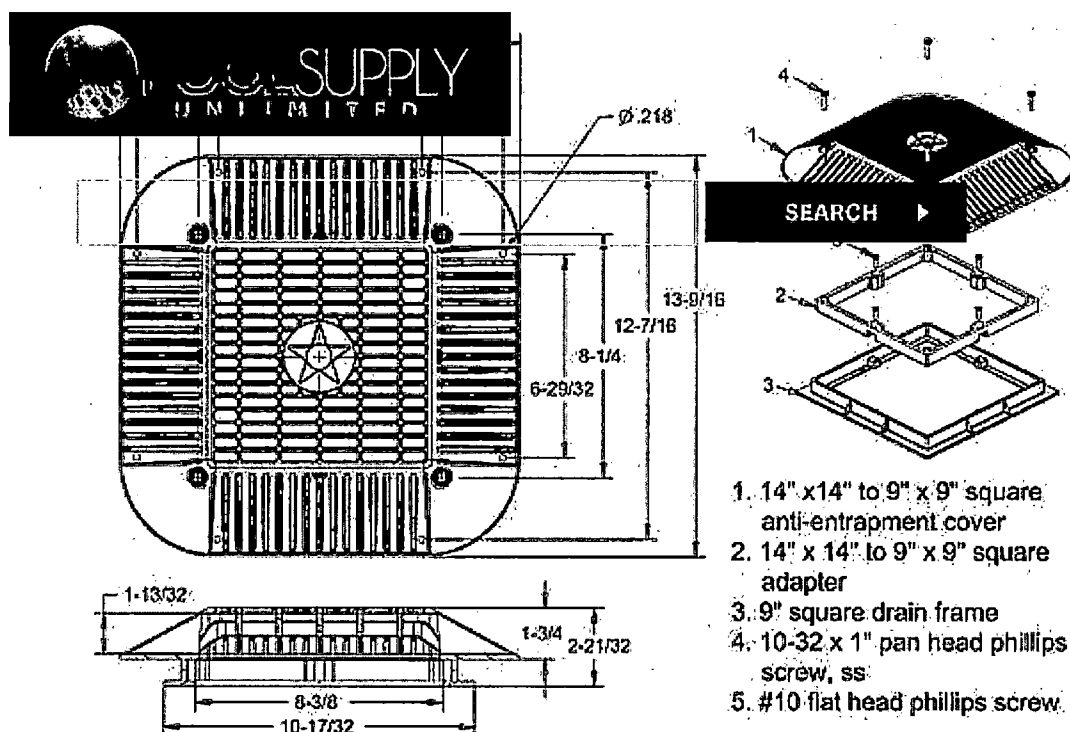


16" Square Anti-Entrapment Suction Outlet Cover and Retro-Adapter Sub-Frame for 12" Square 3/4" Deep Retrofits (VGB Series) White

[SEARCH](#)

Features

- Requires a minimum 3" sump depth
- ~~Single~~
 - ~~Floor: 460 GPM at 1.46 fps~~
 - Wall: 445 GPM at 1.4 fps
- Floor/wall: 474 GPM at 1.5 fps
- 101 square inch opening
- Frame fits into existing 12" frame* with epoxy or screws or both; cover anchors into in-molded brass inserts in frame with four fine thread machine screws
- Trademarked VGB compliance button easily identifies VGB 2008 compliant cover from on deck and underwater
- #316 stainless steel screws
- Manufactured from superior UV-resistant engineered polymers
- Easily and safely retrofits most brands' 12" existing frames
- All components (cover, frame, screws) meet or exceed NSF 50/ASME/ANSI A112.19.8a-2008 national standards and ASTM G154 UV testing exposure
- Replace every five years from the date of installation



Brand: AQUASTAR

Q & A

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Questions that need answers | My Posts

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about this? Ask

Start typing your question and we'll check if it was already asked and answered. Learn More

Browse 1 question Browse 1 question and 3 answers

Why did you choose this?

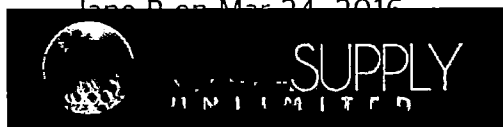
Pool Supply Unlimited Store

Because the covers were outdated.

Lucas W on May 2, 2018

State requirement to replace after 5 years.

Derek D on Mar 24, 2016



ted.

need to upgrade to VGB compliant

Derek D on Apr 6, 2016

SEARCH ▶

need to upgrade to VGB compliant

Derek D on Apr 6, 2016

REVIEWS

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There are no reviews for this item. Write Review

RESOURCES



Data Sheet



Installation Instructions

Inspection of Swimming Pool

Demerit Score: 4Date of Insp/Chg 5/23/18Status Code: QHealth Department DurhamCurrent Facility ID 04032500017

Old Facility ID _____

Water Supply:

☒ Community
☐ Transient Non-Community☐ Non-Transient Non-Community
☐ Non-Public Water Supply

Water sample taken today?

☐ YES ☐ NO☒ Inspection☐ Name Change☐ Re-Inspection☐ Verification of Closure☐ Visit☐ Status Change

Wastewater System:

☒ Community ☐ On-Site Systems

Name of Establishment:

Chapel Tower

Pool Operator:

Location Address:

1315 Marquette Rd

Mailing Addr.:

City:

Durham

State:

NC

Zip:

27705

City:

State:

Zip:

WATER QUALITY: (.2535)

- *1. Water clear enough to clearly see bottom of pool and pool drain
 *2. Disinfectant residual provided by:
 free chlorine = 5 (at least 1.0 ppm or 2.0 ppm where required);
 bromine = _____ (at least 2.0 ppm); or
 biguanide = _____ (30 to 50 ppm).....
 *3. Pool water pH = 7.4 (7.2 to 7.8).....
 *4. Water temperature of heated pool _____ °F; does not exceed 90°F
 (swimming pool) or 104°F (spa)
 5. Daily written records of water quality and test kit kept on site

Points
Deducted
(Circle)

* Indicates critical item (6-point demerit)

6

6

6

6

4

POOL MAINTENANCE:

- *6. Submerged suction outlets meet ASME/ANSI A112.19.8-2007. Single
 drains protected. (.2537, .2539).....
 7. Pool walls and floor kept clean, free of debris and in good repair (.2537).....
 8. Surface skimmers (with weirs, baskets and covers) or gutters clean, in good
 repair, and functioning properly, no floating debris (.2518, .2537)
 9. Depth markings and no diving markers or signs visible and properly located
 (.2523, .2537).....
 10. Safety ropes with floats and contrasting color bands provided at shallow area
 breakpoints (.2515, .2523).....
 *11. Diving equipment, ladders, steps and handrails properly placed, in good repair
 (.2517, .2521).....
 12. Inlets and other fittings in place and in good repair (.2537).....
 13. Contrasting band on steps and benches (.2521, .2516, .2532).....
 14. Spa timer working properly (.2537).....

6

4

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4

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2

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4

4

4

PREMISES:

- *15. Body hook and ring buoy with throw rope or lifeguard with rescue tube
 provided and properly located (.2530, .2537)
 16. Fence or barrier with self-closing, self-latching gates properly constructed and
 maintained (.2528, .2537)
 17. Decks unobstructed, properly drained, free of trip hazards (.2522, .2537).....
 18. Lifeguards present or warning signs posted (.2530)
 19. Signs prohibit glass containers or pets in pool area (.2530)
 20. Caution signs posted at hot water spas (.2532)
 21. Pool and deck lighting provided at pools that operate at night (.2524, .2537) ...
 *22. Emergency telephone provided (.2530)

6

4

4

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4

4

4

6

EQUIPMENT ROOM:

23. Chlorine or bromine automatic feeders that meet NSF Standard 50 (.2535)
 24. Approved pump, filter, and flow meter operating properly (.2518, .2519)
 25. Equipment and chemicals kept in a dry, well-ventilated enclosure (.2533, .2534,
 .2537)
 26. Valves and pipes identified by color codes or labels (.2518)
 27. Filter backwash discharged through an air gap (.2513)

4

4

2

2

2

DRESSING AND SANITARY FACILITIES:

28. Bathroom or rest rooms accessible; shower sign posted (.2526)
 29. Required fixtures provided, clean, and in good repair (.2526)
 30. Approved water source, no cross connections (.2512)
 31. Sewage disposed of in a properly operating sewage system (.2513)
 32. Floors smooth, slip-resistant, kept clean (.2526)
 33. Hose bibbs and floor drains provided (.2526)

2

2

2

2

2

2

Inspection Conducted by:

Report received by:

EHS I.D.# 2303

Comment Sheet Attached

☐ Yes ☐ No

Purpose: General Statute 130A-282 requires the Commission for Public Health to adopt rules governing Public Swimming Pools. 15A NCAC 18A .2511 specifies the contents of an inspection form to record the results of inspections. This form is developed to be used in making inspections of public swimming pools, spas, wading pools and water recreation attractions. Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for: 1. Original to be left with the responsible person. 2. Copy for the local health department. 3. Copy for the Environmental Health Section. Disposition: This form may be destroyed in accordance with Standard-8.B.6., Inspection Records, of the Records Disposition Schedule published by the N.C. Division of Archives and History. Additional forms may be ordered from: Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632.



Public Health

PUBLIC SWIMMING POOL **OPERATION PERMIT APPLICATION** **2018**

Office Use Only

Date Rec 3 / 21 / 2018

Date Paid 3 / 21 / 2018

Amount \$ _____

Cash Credit Check # _____

Seasonal/Year Round

50/53 Pool \$250 each pool

51/54 Wading Pool \$250 ea.

52/55 Spa \$250 ea.

ADMINISTRATIVE DATA FACILITY OWNER OR LOCAL MANAGEMENT INFORMATION

POOL INFORMATION

POOL/FACILITY NAME CHAPEL TOWER APTS PERMIT # 04-032-50-0017

New Name of Facility (if applicable) _____

STREET ADDRESS OF POOL 1315 Morreene Road

CITY Durham NC ZIP 27705

POOL OPERATIONS (circle ☐ YEAR ROUND or ☒ SEASONAL

NAME OF OWNER/MANAGEMENT COMPANY General Services Corporation

MAILING ADDRESS 16 Consultant Way Suite 104

CITY Durham STATE NC ZIP CODE 27707

CONTACT PERSON Judy Southcombe OFFICE PHONE NUMBER 919-401-4577

FAX NUMBER 919-401-4595 EMAIL jsouthcombe@gscapts.com

BILLING ADDRESS FOR RENEWAL APPLICATION & ANNUAL FEE NOTICE IF DIFFERENT FROM ABOVE

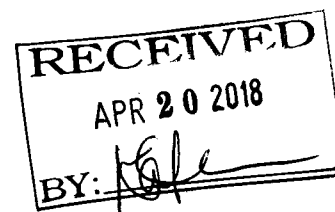
NAME SAME

ADDRESS SAME

CITY SAME STATE SAME ZIP CODE SAME

All Additional information to be provided by Staff Certified Pool Operator or Contracted Pool Management

Company.



Environmental Health Division
Human Services Building | 414 East Main Street, Durham, North Carolina 27701
(919) 560-7800 | Fax (919) 560-7830 | dconc.gov/publichealth
Equal Employment/Affirmative Action Employer

Pool Operator Data to be provided by Staff Certified Pool Operator or Contracted Pool Management Company

1. Facility/pool is operated/managed by (check one)



Staff Certified Pool Operator



Contracted Pool Management Company



Shared arrangement between Contracted Pool Company and on-site staff

2. Pool operator's email: ctservice@gscapts.com

3. ON-SITE STAFF/OPERATOR(S) IF APPLICABLE

NAME John A Voss CERTIFICATE NUMBER 037652016 EXP DATE 4/19/21

NAME Jose Enamorado CERTIFICATE NUMBER 28*10110 EXP DATE 3/25/23

NAME DeShawn Kendall CERTIFICATE NUMBER 05*192017CH EXP DATE 5/19/22

4. POOL COMPANY INFORMATION

POOL MANAGEMENT COMPANY N/A

MAILING ADDRESS N/A

CITY N/A STATE N/A ZIP CODE N/A

CONTACT PERSON N/A PHONE NUMBER N/A

FAX NUMBER N/A EMAIL N/A

LOCK BOX COMBINATION N/A LOCATION N/A

5. PHONE # OF POOL EMERGENCY PHONE 919-383-8357

6. TYPE OF DISINFECTANT (check one) ☒ CHLORINE ☐ BROMINE ☐ CHLORINE GENERATOR (SALT)

PUMP AND SAFETY COMPLIANCE DATA

1. Pumps: Many pools and all spas have more than one pump per pool or spa. You must provide all requested pump information for each pump.

Total number of Pumps in Pool or Spa: 1



Public Health

PUMP 1

A. Pump Flow

- 1) Pump Manufacturer Pentaire Model# EQ500 Horsepower 5
- 2) Maximum Pump Flow. Maximum flow rate from pump curve: 800 gpm. (Provide supporting evidence if flow reduction)

B. Drain Cover/Grate Data

- 1) Number of drains on each pump 1 Distance between drains (on centers) N/A
- 2) Cover/grate manufacturer Waterway, model 640-472xV, Lifespan: 7yrs
- 3) Maximum flow rating of cover/grate 356 gpm (floor); 280 gpm (wall)
- 4) Date drain cover/grates installed: 04/19/17 EXPIRATION DATE: 4/19/24

PUMP 2

A. Pump Flow

- 1) Pump Manufacturer N/A Model# N/A Horsepower N/A
- 2) Maximum Pump Flow. Maximum flow rate from pump curve: N/A gpm. (Provide supporting evidence if flow reduction)

B. Drain Cover/Grate Data

- 1) Number of drains on each pump N/A Distance between drains (on centers) N/A
- 2) Cover/grate manufacturer N/A, model N/A, Lifespan: N/A
- 3) Maximum flow rating of cover/grate N/A gpm (floor); N/A gpm (wall)
- 4) Date drain cover/grates installed: N/A EXPIRATION DATE:

PUMP 3

A. Pump Flow

- 1) Pump Manufacturer N/A Model# N/A Horsepower N/A
- 2) Maximum Pump Flow. Maximum flow rate from pump curve: N/A gpm. (Provide supporting evidence if flow reduction)

B. Drain Cover/Grate Data

- 1) Number of drains on each pump N/A Distance between drains (on centers) N/A
- 2) Cover/grate manufacturer N/A, model N/A, Lifespan: N/A
- 3) Maximum flow rating of cover/grate N/A gpm (floor); N/A gpm (wall)
- 4) Date drain cover/grates installed: N/A EXPIRATION DATE:



2. **Equalizer Covers**

Number of operable skimmer equalizers 5 OR Have the equalizers been disabled? YES ☐ NO ☒

If **never equipped** with equalizers check here and got to # 3. N/A

Equalizer fitting Manufacturer Aquastar, model VGB6H101, Lifespan 5yrs

Equalizer fitting maximum flow rating 122gpm

Date equalizer cover/grates installed: May 2016 EXPIRATION DATE: May 2021

3. **Safety Vacuum Release System (SVRS)** – SVRS required if dual drains are closer than 3 feet on center or pump has a single drain.

Safety Vacuum Release System manufacturer - STINGL

4. **Vacuum line- Choose One**

- ☐ No vacuum line in pool
- ☒ Protective cover on vacuum lines installed before May 1, 2010
- ☐ Self-closing, self-latching cover designed to be opened with a tool on vacuum lines installed after May 1, 2010

5. **Full name of CPO, or Contracted Pool Management Company staff, person providing this information**

PRINT John Arthur Voss

4/20/18

John A Voss

John A Voss

Digitally signed by John A Voss
Date: 2018.04.20 11:15:14
-04'00'

Date

Name

Signature

Please do not submit handwritten applications.

Electronic Submittal Preferred.

We are using a new process that extracts the data from the electronic forms.

No need to print.

Email completed applications as attachment to **healthinspector@dconc.gov**

Inspection of Swimming Pool

Demerit Score: 6

Date of Insp/Chg 5/24/17

Status Code: K

Health Department

Current Facility ID

Old Facility ID

Durham

04032900017

Water Supply:

☐

Community

☐

Transient Non-Community

☐

Non-Transient Non-Community

☐

Non-Public Water Supply

Water sample taken today?

☐

YES

☐

NO

☒

Inspection

☐

Re-Inspection

☐

Visit

☐

Name Change

☐

Verification of Closure

☐

Status Change

Wastewater System:

☒

Community

☐

On-Site Systems

Name of Establishment:

Chapel Tower Apt

Pool Operator:

JOHN VOSS

Location Address:

1315 Morreene Rd

Mailing Addr.:

City:

Durham

State:

NC

Zip:

27705

City:

✓

State:

Zip:

WATER QUALITY: (.2535)

- *1. Water clear enough to clearly see bottom of pool and pool drain
*2. Disinfectant residual provided by:
free chlorine = _____ (at least 1.0 ppm or 2.0 ppm where required);
bromine = _____ (at least 2.0 ppm); or
biguanide = _____ (30 to 50 ppm).....
*3. Pool water pH = 7.8 (7.2 to 7.8).....
*4. Water temperature of heated pool _____ °F; does not exceed 90°F
(swimming pool) or 104°F (spa)
5. Daily written records of water quality and test kit kept on site

Points
Deducted
(Circle)

6

6

6

6

4

* Indicates critical item (6-point demerit)

6) Tested single switch, water

CA-75

POOL MAINTENANCE:

- *6. Submerged suction outlets meet ASME/ANSI A112.19.8-2007, Single
-drains-protected. (.2537, .2539).....
7. Pool walls and floor kept clean, free of debris and in good repair (.2537).....
8. Surface skimmers (with weirs, baskets and covers) or gutters clean, in good
repair, and functioning properly, no floating debris (.2518, .2537)
9. Depth markings and no diving markers or signs visible and properly located
(.2523, .2537).....
10. Safety ropes with floats and contrasting color bands provided at shallow area
breakpoints (.2515, .2523).....
11. Diving equipment, ladders, steps and handrails properly placed, in good repair
(.2517, .2521).....
12. Inlets and other fittings in place and in good repair (.2537).....
13. Contrasting band on steps and benches (.2521, .2516, .2532).....
14. Spa timer working properly (.2537).....

6

4

4

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Day Use Only

2) CUF 1 ppm

PREMISES:

- *15. Body hook and ring buoy with throw rope or lifeguard with rescue tube
provided and properly located (.2530, .2537)
16. Fence or barrier with self-closing, self-latching gates properly constructed and
maintained (.2528, .2537)
17. Decks unobstructed, properly drained, free of trip hazards (.2522, .2537).....
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19. Signs prohibit glass containers or pets in pool area (.2530)
20. Caution signs posted at hot water spas (.2532)
21. Pool and deck lighting provided at pools that operate at night (.2524, .2537) ...
*22. Emergency telephone provided (.2530)

6

4

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4

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4

6

EQUIPMENT ROOM:

23. Chlorine or bromine automatic feeders that meet NSF Standard 50 (.2535)
24. Approved pump, filter, and flow meter operating properly (.2518, .2519)
25. Equipment and chemicals kept in a dry, well-ventilated enclosure (.2533, .2534,
.2537)
26. Valves and pipes identified by color codes or labels (.2518)
27. Filter backwash discharged through an air gap (.2513)

4

4

2

2

2

DRESSING AND SANITARY FACILITIES:

28. Bathroom or rest rooms accessible; shower sign posted (.2526)
29. Required fixtures provided, clean, and in good repair (.2526)
30. Approved water source, no cross connections (.2512)
31. Sewage disposed of in a properly operating sewage system (.2513)
32. Floors smooth, slip-resistant, kept clean (.2526)
33. Hose bibbs and floor drains provided (.2526)

2

2

2

2

2

2

Inspection Conducted by:

[Signature]

EHS I.D.#

2503

Comment Sheet Attached

☐ Yes

☐ No

Report received by:

[Signature]

Purpose: General Statute 130A-282 requires the Commission for Public Health to adopt rules governing Public Swimming Pools. 15A NCAC 18A .2511 specifies the contents of an inspection form to record the results of inspections. This form is developed to be used in making inspections of public swimming pools, spas, wading pools and water recreation attractions. Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for: 1. Original to be left with the responsible person. 2. Copy for the local health department. 3. Copy for the Environmental Health Section. Disposition: This form may be destroyed in accordance with Standard-8.B.6., Inspection Records, of the Records Disposition Schedule published by the N.C. Division of Archives and History. Additional forms may be ordered from: Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632.



Public Health



Good

Office Use Only	
Date Rec <u>5/2</u> /2017	Seasonal/Year Round
Date Paid <u>5/4</u> /2017	
Amount \$ <u>256</u>	50/53 Pool \$250 each pool
Cash Credit Check # <u>596050</u>	51/54 Wading Pool \$250 ea.
	52/55 Spa \$250 ea.

PUBLIC SWIMMING POOL OPERATION PERMIT APPLICATION

2017

POOL INFORMATION

POOL/FACILITY NAME -CHAPEL TOWER APTS

PERMIT # 04-032-50-0017

New Name of Facility if applicable N/A

STREET ADDRESS OF POOL 1315 MORRENE ROAD CITY NC ZIP

PHONE # OF POOL EMERGENCY PHONE 919 383 8357

POOL OPERATIONS (circle) YEAR ROUND OR SEASONAL

TYPE OF DISINFECTANT (circle) CHLORINE BROMINE CL2 GENERATOR (SALT)

PUMP AND SAFETY COMPLIANCE DATA

1. **Pumps:** Many pools and all spas have more than one pump per pool or spa. You must provide all requested pump information for each pump.

Total number of Pumps in Pool or Spa ## 1

PUMP 1

A. Pump Flow

1) Pump Manufacturer PENTAIR Model# EQ 500 Horsepower 5

2) Maximum Pump Flow. Maximum flow rate from pump curve: _____ gpm. (Provide supporting evidence if flow reduction)

B. **Drain Sump Measurements** This is the area under the floor drains, if field built sump may need to remove drain cover one time to measure. (Check here if sumpless _____, then proceed to next section)

1) Sump shape: Round- width: _____ inches diameter; Square- 12 inches X 12 inches

2) Sump minimum depth 18 in Diameter of outlet pipe in sump 5 inches

3) Distance of top (inside) of outlet pipe from bottom of cover/grate 12 in

4) Sump manufacturer and model # if available NOT AVAILABLE



Environmental Health Division
Human Services Building | 414 East Main Street, Durham, North Carolina 27701
(919) 560-7800 | Fax (919) 560-7830 | dconc.gov/publichealth
Equal Employment/Affirmative Action Employer

C. Drain Cover/Grate Data

- 1) Number of drains on each pump 1 Distance between drains (on centers) N/A
- 2) Cover/grate manufacturer Waterway, model 640-472xV, Lifespan: 7 yrs
- 3) Maximum flow rating of cover/grate 356 gpm (floor); 280 gpm (wall)
- 4) Date drain cover/grates installed: 4/19/2017 EXPIRATION DATE: 4/19/2024

PUMP 2

A. Pump Flow

- 1) Pump Manufacturer N/A Model# N/A Horsepower N/A
- 2) Maximum Pump Flow. Maximum flow rate from pump curve: N/A gpm. (Provide supporting evidence if flow reduction) A

B. Drain Sump Measurements This is the area under the floor drains, if field built sump may need to remove drain cover one time to measure. (Check here if sumple N/A, then proceed to next section)

- 1) Sump shape: Round- width: N/A inches diameter; Square- N/A inches X N/A inches
- 2) Sump minimum depth N/A in Diameter of outlet pipe in sump N/A inches
- 3) Distance of top (inside) of outlet pipe from bottom of cover/grate N/A in
- 4) Sump manufacturer and model # if available N/A

C. Drain Cover/Grate Data

- 1) Number of drains on each pump N/A Distance between drains (on centers) N/A
- 2) Cover/grate manufacturer N/A, model N/A, Lifespan: N/A
- 3) Maximum flow rating of cover/grate N/A gpm (floor); N/A gpm (wall)
- 4) Date drain cover/grates installed: N/A EXPIRATION DATE: N/A

PUMP 3

A. Pump Flow

- 1) Pump Manufacturer N/A Model# N/A Horsepower N/A
- 2) Maximum Pump Flow. Maximum flow rate from pump curve: N/A gpm. (Provide supporting evidence if flow reduction) N/A

B. Drain Sump Measurements This is the area under the floor drains, if field built sump may need to remove drain cover one time to measure. (Check here if sumple N/A, then proceed to next section)

- 1) Sump shape: Round- width: N/A inches diameter; Square- N/A inches X N/A inches
- 2) Sump minimum depth N/A in Diameter of outlet pipe in sump N/A inches
- 3) Distance of top (inside) of outlet pipe from bottom of cover/grate N/A in
- 4) Sump manufacturer and model # if available N/A

C. Drain Cover/Grate Data

- 1) Number of drains on each pump N/A Distance between drains (on centers) N/A
- 2) Cover/grate manufacturer N/A, model N/A, Lifespan: N/A
- 3) Maximum flow rating of cover/grate N/A gpm (floor); N/A gpm (wall)



Public Health

4) Date drain cover/grates installed: N/A EXPIRATION DATE: N/A

2. Equalizer Covers

Number of operable skimmer equalizers: 5 OR Have the equalizers been disabled? YES / NO

If never equipped with equalizers check here and got to # 3. N/A

Equalizer fitting Manufacturer AQUASTAR, model V4B 6H101, Lifespan 5 yrs

Equalizer fitting maximum flow rating 122 gpm

Date equalizer cover/grates installed: MAY 2016 EXPIRATION DATE: MAY 2021

3. Safety Vacuum Release System (SVRS) – SVRS required if dual drains are closer than 3 feet on center or pump has a single drain with blockable cover or sump.

Safety Vacuum Release System manufacturer - STINGL

Vacuum line- Choose One.

- ☐ No vacuum line in pool
- ☒ Protective cover on vacuum lines installed before May 1, 2010 (NON OPERATIONAL - NO SUCTION)
- ☐ Self-closing, self-latching cover designed to be opened with a tool on vacuum lines installed after May 1, 2010

Full name of person providing this information: John Arthur Voss

Signature [Signature] Date 6/20/16

Pool Operator Data

Facility/pool is operated/managed by (check one)

- ☒ Pool operator trained on-site staff
- ☐ A contracted pool management company
- ☐ A shared arrangement between contracted pool company and on-site staff

Pool operator's email atservice@gscapts.com



ON-SITE STAFF/OPERATOR(S) IF APPLICABLE

NAME John A. Voss CERTIFICATE NUMBER 037 652016 EXP DATE 04 / 19 / 2021
NAME Jose M. Enamorado CERTIFICATE NUMBER 27 337959 EXP DATE 01 / 17 / 2018
NAME Thomas Hunt CERTIFICATE NUMBER 06 * 602012 EXP DATE 04 / 17 / 2017 *
(* RECERTIFICATION IN PROCESS)

POOL COMPANY INFORMATION

POOL MANAGEMENT COMPANY N/A
MAILING ADDRESS N/A
CITY N/A STATE N/A ZIP CODE N/A
CONTACT PERSON N/A PHONE NUMBER N/A
FAX NUMBER N/A EMAIL N/A
LOCK BOX COMBINATION N/A LOCATION N/A

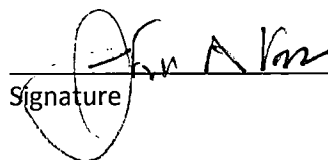
ADMINISTRATIVE DATA

FACILITY OWNER OR LOCAL MANAGEMENT INFORMATION

NAME OF OWNER/MANAGEMENT COMPANY General Services Corp.
MAILING ADDRESS 16 Consultant Place Suite 104
CITY Durham STATE NC ZIP CODE 27707
CONTACT PERSON Judy Southcombe OFFICE PHONE NUMBER 919 401-4577
FAX NUMBER 919 401 4595 EMAIL jsouthcombe@gscapts.com

BILLING ADDRESS FOR RENEWAL APPLICATION & ANNUAL FEE NOTICE IF DIFFERENT FROM ABOVE

NAME Same
ADDRESS Same
CITY Same STATE Same ZIP CODE Same


Signature

John A Voss
Print Name

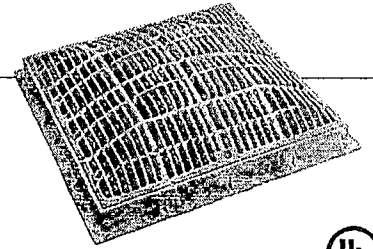
03/31/2017
Date

CERTIFICATION OF COMPLIANCE

12" x 12" SQUARE GRATE: P/N 640-472x V

Contents: 1

Part Number: **640-472x V**



Description: **Square Grate**

Size: **12" x 12"**

Open Area: **62.4 in²**

GPM @ 1.5 fps: **292**

Floor Flow Rate: **356 GPM**

Wall Flow Rate: **280 GPM**



**VGB
2008**

Date of Manufacture:

DEC 12 2016

This product has been tested to ANSI/ASME 112.19.8-2007 (addendum 8a-2008) per §1404 of the Virginia Graham Baker (VGB 2008) Pool and Spa Safety Act. Certified by: Underwriters Laboratories, Inc., 2929 E. Imperial Highway, Suite 100, Brea, CA 92821-6729

This product is certified to comply with §1404 of the Virginia Graham Baker (VGB 2008) Pool and Spa Safety Act. A copy of the test results for the above may be found at www.waterwayplastics.com or go to www.ul.com. This product is manufactured by Waterway Plastics, Oxnard, CA 93030



©2012 Waterway Plastics

Waterway

2200 East Sturgis Road, Oxnard, CA 93030 • Ph. (805) 981-0262 • Fax (805) 981-9403
www.waterwayplastics.com • waterway@waterwayplastics.com

810-0253.0412

Demerit Score: 0

Health Department

32 Durham

Inspection of Swimming Pool

Date of Insp/Chg: 05 / 24 / 2016

Current Facility ID 4032500017

Status Code: A

Old Facility ID

Water	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	Water sample taken today?	<input checked="" type="checkbox"/> Inspection	<input type="checkbox"/> Name Change
	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Non-Public Water Supply	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Re-inspection	<input type="checkbox"/> Verification of Closure
Wastewater System:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> On-Site System		<input type="checkbox"/> Visit	<input type="checkbox"/> Status Change

Name of Establishment: CHAPEL TOWER APTS

Pool Operator: GSC / JOHN VOSS

Location Address: 1315 MORREENE RD

Mailing Addr.

City: DURHAM State: NC Zip: 27705

City: State: Zip:

WATER QUALITY: (.2535)

- *1. Water clear enough to clearly see bottom of pool and pool drain 6
- *2. Disinfectant residual provided by:
- free chlorine = 4.0 (at least 1.0 ppm or 2.0 ppm where required);
- bromine = (at least 2.0 ppm); or
- biguanide = (30 to 50 ppm)..... 6
- *3. Pool water pH = 7.4 (7.2 to 7.8)..... 6
- *4. Water temperature of heated pool °F; does not exceed 90°F (swimming pool) or 104°F (spa) 6
5. Daily written records of water quality and test kit kept on site 4

POOL MAINTENANCE:

- *6. Main drain covers secured and in good repair, no suction hazard. Single drains protected by April 1, 2006 (.2537, .2539)..... 6
7. Pool walls and floor kept clean, free of debris and in good repair (.2537)... 4
8. Surface skimmers (with weirs, baskets and covers) or gutters clean, in good repair, and functioning properly, no floating debris (.2518, .2537) 4
9. Depth markings and no diving markers or signs visible and properly located (.2523, .2537)..... 4
10. Safety ropes with floats and contrasting color bands provided at shallow area breakpoints (.2515, .2523)..... 2
11. Diving equipment, ladders, steps and handrails properly placed, in good repair (.2517, .2521)..... 2
12. Inlets and other fittings in place and in good repair (.2537)..... 4
13. Contrasting band on steps and benches (.2521, .2516, .2532)..... 4
14. Spa timer working properly (.2537)..... 4

PREMISES:

- *15. Body hook and ring buoy with throw rope or lifeguard with rescue tube provided and properly located (.2530, .2537) 6
16. Fence or barrier with self-closing, self-latching gates properly constructed and maintained (.2528, .2537) 4
17. Decks unobstructed, properly drained, free of trip hazards (.2522, .2537)..... 4
18. Lifeguards present or warning signs posted (.2530) 4
19. Signs prohibit glass containers or pets in pool area(.2530) 4
20. Caution signs posted at hot water spas (.2532) 4
21. Pool and deck lighting provided at pools that operate at night (.2524, .2537) ... 4
- *22. Emergency telephone provided (.2530) 6

EQUIPMENT ROOM:

23. Chlorine or bromine automatic feeders that meet NSF Standard 50 (.2535) 4
24. Approved pump, filter, and flow meter operating properly (.2518, .2519) 4
25. Equipment and chemicals kept in a dry, well-ventilated enclosure (.2533, .2534, .2537) 2
26. Valves and pipes identified by color codes or labels (.2518) 2
27. Filter backwash discharged through an air gap (.2513) 2

DRESSING AND SANITARY FACILITIES:

28. Bathroom or rest rooms accessible; shower sign posted (.2526) 2
29. Required fixtures provided, clean, and in good repair (.2526) 2
30. Approved water source, no cross connections (.2512) 2
31. Sewage disposed of in a properly operating sewage system (.2513) 2
32. Floors smooth, slip-resistant, kept clean(.2526) 2
33. Hose bibbs and floor drains provided(.2526) 2

* Indicates critical item (6-point demerit)

Comments:

** SEE COMMENT SHEET ATTACHED **

Alk = 60 (80-150)

Cya < 30

Stingl switch operating properly

Comment Sheet Attached

☐ Yes ☒ No

Report Received by:

John Williams

Inspection Conducted by: *John Williams*

EHS I.D. # 2026 - Williams, John

COMMENT ADDENDUM

Name: CHAPEL TOWER APTS

ID: 4032500017

Street: 1315 MORREENE RD

City: DURHAM

Time In: 02 : 10 ☐ am ☒ pm

Time Out: 02 : 25 ☐ am ☒ pm

Total Time: 15 minutes



COMMENT ADDENDUM

Name: CHAPEL TOWER APTS

ID: 4032500017

Street: 1315 MORREENE RD

City: DURHAM



COMMENT ADDENDUM

Name: CHAPEL TOWER APTS
ID: 4032500017
Street: 1315 MORREENE RD
City: DURHAM



General Comments:



Public Health

Office Use Only

Date Rec 5/6/2016

Seasonal/Year Round

Date Paid 5/5/2016

Amount \$ 250

Cash Credit (Check) # 569875

50/53 Pool \$250 each pool

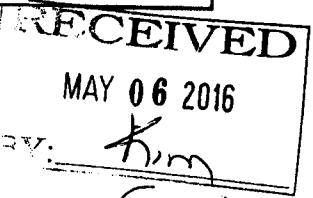
51/54 Wading Pool \$250 ea.

52/55 Spa \$250 ea.

2016

SCANNED

MAY 06 2016



PUBLIC SWIMMING POOL OPERATION PERMIT APPLICATION

POOL INFORMATION

POOL/FACILITY NAME CHAPEL TOWER APTS

STREET ADDRESS OF POOL 1315 MORRISON ROAD CITY DURHAM NC ZIP 27705

PHONE # OF POOL EMERGENCY PHONE 919 383 8357

PERMIT # 04-032-50-0017 POOL OPERATIONS (circle) YEAR ROUND OR SEASONAL

TYPE OF DISINFECTANT (circle) CHLORINE BROMINE CL2 GENERATOR (SALT)

VGB SAFETY COMPLIANCE DATA

Circulation Pump System Flow

Pump Manufacturer PENTAIR Model Number EQ500 Horsepower 5

Maximum Pump Flow (manufacturer's specifications) 500 gallons per minute

OR

Provide supporting evidence for flow reduction by a North Carolina Registered Professional Engineer.

Feature Pump/ Spa Jet Pump System Flow (indicate N/A if Not Applicable)

Pump Manufacturer N/A Model Number N/A Horsepower N/A

Maximum Pump Flow (manufacturer's specifications) N/A gallons per minute

Main Drain Cover/Grate Data

Number of drains on same pumping system ONE (1) Distance between drains (on centers) N/A

Cover/grate manufacturer Waterway model 640-472-V

Maximum flow rating of cover/grate 356 gpm (floor)

Date drain cover/grates installed: MAY 2010 Expiration date: MAY 2017
7YRS

Application Page 1 of 3



Environmental Health Division
Human Services Building | 414 East Main Street, Durham, North Carolina 27701
(919) 560-7800 | Fax (919) 560-7830 | dconc.gov/publichealth
Equal Employment/Affirmative Action Employer

Feature Drain Cover/Grate or Spa Jet Drain/Grate

Number of drains on same pumping system 0 (indicate 0 if NONE)
Distance between drains (on centers) N/A
Cover/grate manufacturer N/A, model N/A
Maximum flow rating of cover/grate N/A gpm (floor); N/A gpm (wall)
Date drain cover/grates installed: N/A Expiration date: N/A

Skimmer Equalizer Cover Data

Number of operable skimmer equalizers 5 (indicate 0 if NONE)
Equalizer fitting Manufacturer AQUASTAR, model 6HP101
Equalizer fitting maximum flow rating 122 GPM @ 3.4 fps
Date equalizer cover/grates installed: 4/30/2011 Expiration date: 4/2016
NOTE: REPLACEMENT IN PROCESS (SAME MFG/MODEL) - COMPLETE BY 5-6-16

Safety Vacuum Release System (SVRS) – SVRS required if dual drains are closer than 3 feet on center or pump has a single drain with blockable cover or sump. (Single drain pools must also have at least 1 functioning skimmer.) Indicate N/A if not applicable.

Safety Vacuum Release System manufacturer - STINGL
Full name of person providing this information JOHN ARTHUR VOSS

FACILITY OWNER OR LOCAL MANAGEMENT INFORMATION

NAME OF OWNER/MANAGEMENT COMPANY GENERAL SERVICES CORP
MAILING ADDRESS 16 CONSULTANT PLACE, SUITE 104
CITY DURHAM STATE NC ZIP CODE 27707
CONTACT PERSON JUDY SOUTHCOMBE OFFICE PHONE NUMBER 919 401 4577
FAX NUMBER 919 401 4595 EMAIL JSouthcombe@gscapt3.com

BILLING ADDRESS FOR RENEWAL APPLICATION & ANNUAL FEE NOTICE IF DIFFERENT FROM ABOVE

NAME SAME
ADDRESS SAME
CITY SAME STATE SAME ZIP CODE SAME
EMAIL SAME



Public Health

FACILITY/POOL IS OPERATED/MANAGED BY (Check One)

POOL OPERATOR'S EMAIL ot service@gscapts.com

- ☒ POOL OPERATOR TRAINED ON-SITE STAFF
☐ A CONTRACTED POOL MANAGEMENT COMPANY
☐ A SHARED ARRANGEMENT BETWEEN CONTRACTED POOL COMPANY AND ON-SITE STAFF

ON-SITE STAFF/OPERATOR(S) IF APPLICABLE

NAME John Voss CERTIFICATE NUMBER 037*652016 EXP DATE 4/19/2021
NAME JOSE ENAMORADO CERTIFICATE NUMBER 27-337959 EXP DATE 01/17/2018
NAME MANUEL GONZALEZ CERTIFICATE NUMBER 04-202030- Hill EXP DATE 04/20/2018

POOL COMPANY INFORMATION

POOL MANAGEMENT COMPANY N/A
MAILING ADDRESS N/A
CITY N/A STATE N/A ZIP CODE N/A
CONTACT PERSON N/A PHONE NUMBER N/A
FAX NUMBER N/A EMAIL N/A
LOCK BOX COMBINATION N/A LOCATION N/A

Signature

JOHN A VOSS

Print Name

4/18/16

Date



Environmental Health Division
Human Services Building | 414 East Main Street, Durham, North Carolina 27701
(919) 560-7800 | Fax (919) 560-7830 | dconc.gov/publichealth
Equal Employment/Affirmative Action Employer

Inspection of Swimming Pool

Demerit Score: 4Date of Insp/Chg 5-22-15Status Code: A

Health Department

Current Facility ID DURHAM 32Old Facility ID 4032500017

Water Supply: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Non-Public Water Supply	Water sample taken today? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Re-Inspection <input type="checkbox"/> Visit	<input type="checkbox"/> Name Change <input type="checkbox"/> Verification of Closure <input type="checkbox"/> Status Change
Wastewater System: <input checked="" type="checkbox"/> Community <input type="checkbox"/> On-Site Systems			

Name of Establishment: CHAPEL TOWER APARTMENTS Pool Operator: JOHN VOSS 109.592011
 Location Address: 1315 MORRISON RD Mailing Addr.: same as facility
 City: DURHAM State: NC Zip: 27705 City: _____ State: _____ Zip: _____

WATER QUALITY: (.2535)

- *1. Water clear enough to clearly see bottom of pool and pool drain 6
 *2. Disinfectant residual provided by:
 free chlorine = 1.0 (at least 1.0 ppm or 2.0 ppm where required);
 bromine = _____ (at least 2.0 ppm); or
 biguanide = _____ (30 to 50 ppm) 6
 *3. Pool water pH = 7.8 (7.2 to 7.8) 6
 *4. Water temperature of heated pool _____ °F; does not exceed 90°F
 (swimming pool) or 104°F (spa) 6
 *5. Daily written records of water quality and test kit kept on site 6

Points
Deducted
(Circle)

* Indicates critical item (6-point demerit)

POOL MAINTENANCE:

- *6. Submerged suction outlets meet ASME/ANSI A112.19.8-2007. Single
 drains protected. (.2537, .2539) 6
 7. Pool walls and floor kept clean, free of debris and in good repair (.2537) 4
 8. Surface skimmers (with weirs, baskets and covers) or gutters clean, in good
 repair, and functioning properly, no floating debris (.2518, .2537) 4
 9. Depth markings and no diving markers or signs visible and properly located
 (.2523, .2537) 4
 10. Safety ropes with floats and contrasting color bands provided at shallow area
 breakpoints (.2515, .2523) 2
 11. Diving equipment, ladders, steps and handrails properly placed, in good repair
 (.2517, .2521) 2
 12. Inlets and other fittings in place and in good repair (.2537) 4
 13. Contrasting band on steps and benches (.2521, .2516, .2532) 4
 14. Spa timer working properly (.2537) 4

PREMISES:

- *15. Body hook and ring buoy with throw rope or lifeguard with rescue tube
 provided and properly located (.2530, .2537) 6
 16. Fence or barrier with self-closing, self-latching gates properly constructed and
 maintained (.2528, .2537) 4
 17. Decks unobstructed, properly drained, free of trip hazards (.2522, .2537) 4
 18. Lifeguards present or warning signs posted (.2530) 4
 19. Signs prohibit glass containers or pets in pool area (.2530) 4
 20. Caution signs posted at hot water spas (.2532) 4
 21. Pool and deck lighting provided at pools that operate at night (.2524, .2537) 4
 *22. Emergency telephone provided (.2530) 6

EQUIPMENT ROOM:

23. Chlorine or bromine automatic feeders that meet NSF Standard 50 (.2535) 4
 24. Approved pump, filter, and flow meter operating properly (.2518, .2519) 4
 25. Equipment and chemicals kept in a dry, well-ventilated enclosure (.2533, .2534,
 .2537) 2
 26. Valves and pipes identified by color codes or labels (.2518) 2
 27. Filter backwash discharged through an air gap (.2513) 2

DRESSING AND SANITARY FACILITIES:

28. Bathroom or rest rooms accessible; shower sign posted (.2526) 2
 29. Required fixtures provided, clean, and in good repair (.2526) 2
 30. Approved water source, no cross connections (.2512) 2
 31. Sewage disposed of in a properly operating sewage system (.2513) 2
 32. Floors smooth, slip-resistant, kept clean (.2526) 2
 33. Hose bibbs and floor drains provided (.2526) 2

Inspection Conducted by: Tracy A. Dan EHS I.D.# 2308 Comment Sheet Attached ☐ Yes ☒ No
 Report received by: John Voss

Purpose: General Statute 130A-282 requires the Commission for Public Health to adopt rules governing Public Swimming Pools. 15A NCAC 18A .2511 specifies the contents of an inspection form to record the results of inspections. This form is developed to be used in making inspections of public swimming pools, spas, wading pools and water recreation attractions. Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for: 1. Original to be left with the responsible person. 2. Copy for the local health department. 3. Copy for the Environmental Health Section. Disposition: This form may be destroyed in accordance with Standard-8.B.6., Inspection Records, of the Records Disposition Schedule published by the N.C. Division of Archives and History. Additional forms may be ordered from: Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632.



Public Health

VGB Good

Office Use Only

Date Rec 4/6/2015

Date Paid 4/6/2015

Amount \$ 543188

Cash Credit Check # 200

Seasonal/Year Round

~~50/53~~ Pool \$200 1st pool
50/53 Add Pool per site \$150
ea.

51/54 Wading Pool \$100 ea.
52/55 Spa \$100 ea.

PUBLIC SWIMMING POOL OPERATION PERMIT APPLICATION

POOL INFORMATION

POOL/FACILITY NAME CHAPEL TOWER APARTMENTS
STREET ADDRESS OF POOL 1315 MORRENE ROAD DURHAM, NC 27705
PHONE # OF POOL EMERGENCY PHONE 919 383 8357
PERMIT # 04-032-50-0017 POOL OPERATIONS (circle) YEAR ROUND or SEASONAL
YEAR POOL WAS CONSTRUCTED 1992
TYPE OF DISINFECTANT (circle) CHLORINE BROMINE CL2 GENERATOR (SALT)

-Application information for (circle one) additional Pool/ Spa/Wading Pool at the same street address-

- PERMIT # _____ YEAR POOL WAS CONSTRUCTED _____
TYPE OF DISINFECTANT (circle one) CHLORINE BROMINE CL2 GENERATOR (SALT)

- Application information for (circle one) additional Pool/ Spa/Wading Pool at the same street address-

- PERMIT # _____ YEAR POOL WAS CONSTRUCTED _____
TYPE OF DISINFECTANT (circle one) CHLORINE BROMINE CL2 GENERATOR (SALT)

FACILITY OWNER OR LOCAL MANAGEMENT INFORMATION

NAME OF OWNER/MANAGEMENT COMPANY GENERAL SERVICES CORP.
MAILING ADDRESS 16 CONSULTANT PLACE, SUITE 104
CITY DURHAM STATE NC ZIP CODE 27707
CONTACT PERSON SHANNON BRUMMETT OFFICE PHONE NUMBER 919 401 4517
FAX NUMBER 919 401 4595 EMAIL sbrummett@gscapts.com



Environmental Health Division
Human Services Building | 414 East Main Street, Durham, North Carolina 27701
(919) 560-7800 | Fax (919) 560-7830 | dconc.gov/publichealth
Equal Employment/Affirmative Action Employer

ADDRESS FOR RENEWAL APPLICATION AND ANNUAL FEE NOTICE IF DIFFERENT FROM ABOVE

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

FACILITY/POOL IS OPERATED/MANAGED BY (Check One)

- ☒ POOL OPERATOR TRAINED ON-SITE STAFF
- ☐ A CONTRACTED POOL MANAGEMENT COMPANY
- ☐ A SHARED ARRANGEMENT BETWEEN CONTRACTED POOL COMPANY AND ON-SITE STAFF

ON-SITE STAFF/OPERATOR(S)

NAME JOHN A. VOSS CERTIFICATE NUMBER 109* 59201

NAME MANUEL GONZALEZ CERTIFICATE NUMBER 04-202013C-HILL

NAME JOSE ENAMORADO CERTIFICATE NUMBER 27-337959

POOL COMPANY INFORMATION

POOL MANAGEMENT COMPANY _____

MAILING ADDRESS _____

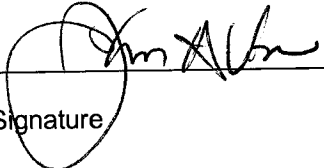
CITY _____ STATE _____ ZIP CODE _____

CONTACT PERSON _____ PHONE NUMBER _____

FAX NUMBER _____ EMAIL _____

LOCK BOX COMBINATION _____ LOCATION _____

***IS THIS POOL VGB COMPLIANT ☒ Yes or ☐ No Drain Expiration Date 51 12016 ***


Signature

JOHN A. VOSS
Print Name

3-18-2015
Date



Public Health

Pool Drain Safety Compliance Data

Name of Pool CHAPEL TOWER APARTMENTS
Permit Number for Pool 4-032-50-0017
Address 1315 MORRENE RD DURHAM, NC 27705

Pump System Flow

Pump Manufacturer PENTAIR Model Number EQ500
Maximum Pump Flow (manufacturer's specifications) 500 gallons per minute
Maximum Pumping System Flow is reduced to 350 gpm based on: RETURN FLOW GAUGE
Measured Total Dynamic Head loss of _____ feet;
Calculated Total Dynamic Head loss of _____ feet;
Magnetic flow meter reading of _____ gpm;
Automatic flow limiting valve factory set at _____ gpm

(Provide supporting evidence for flow reduction)

Drain Cover/Grate/Skimmer Equalizer Data

Number of drains on same pumping system ONE (1)
Distance between drains (on centers) 1 STINGL PROTECTED
Cover/grate manufacturer WATERWAY, model 640-4720V
Maximum flow rating of cover/grate 356 gpm (floor); _____ gpm (wall)
Date drain cover/grates installed: 5/ / 2010 Expiration date: 5/ / 2016
Number of operable skimmer equalizers (5) FIVE
Equalizer fitting Manufacturer AQUASTAR model 6HP101
Equalizer fitting maximum flow rating 122 GPM @ 3.4 fpm
Date equalizer cover/grates installed 4/30/2011 Expiration date: / /
Print Full name of person providing this information JOHN ARTHUR VOSS
Signature [Signature] Date 3/18/2015



Environmental Health Division
Human Services Building | 414 East Main Street, Durham, North Carolina 27701
(919) 560-7800 | Fax (919) 560-7830 | dconc.gov/publichealth
Equal Employment/Affirmative Action Employer