N.C. Department of Environment and Natura			Health Department 32 Durham
Division of Environmental Health Inspection of Swimming 1	Data Classiful a C / a	 8 / 2 Ø 1 8	Current Facility ID 4032500017
inspection of Swimming	Status Code: A		Old Facility ID
Water Supply: Municipal	/Community On-Site Supply	Water sample take	en today? Inspection Name Change No Re-inspection Verification of Closi
	/Community On-Site System		Visit Status Change
Name of Establishment: C	CHAPEL TOWER APTS	Po	ol Operator: (F, L)
Location Address: 1315 N	ORREENE RD	Mailing A	Addr
City: DURHAM	State: NC Zip: 27705	City:	State: Zip:
WATER QUALITY: (.2535)			* Indicates critical item (6-point demerit)
	learly see bottom of pool and pool drain	0 6	Comments:
*2. Disinfectant residual pr			** SEE COMMENT SHEET ATTACHED **
	(at least 1.0 ppm or 2.0 ppm where re	equired);	SEE COMMENT SHEET ATTACHED
bromine =	(at least 2.0 ppm); or (30 to 50 ppm	0 6	
*3. Pool water pH = 17	7 (7.2 to 7.8)		(11 N= 40-115
*4. Water temperature of h	7 (7.2 to 7.8)°F; does not exce eated pool°F; does not exce °F (spa)	ed 90°F	<u> </u>
(swimming pool) or 104°	°F (spa)		1.
5. Daily written records of v	water quality and test kit kept on site	○ 4	
POOL MAINTENANCE:		1.61.1	1190
	red and in good repair, no suction hazard		41K-15
	il 1, 2006 (.2537, .2539)		
	veirs, baskets and covers) or gutters clean,	in good	
	roperly, no floating debris (.2518, .2537)		
9. Depth markings and no d	iving markers or signs visible and properly	located	
10. Safety ropes with floats a	nd contrasting color bands provided at sha	ıllow area	
11. Diving equipment, ladder	rs, steps and handrails properly placed, in g	good repair	
	n place and in good repair (.2537)		
	s and benches (.2521, .2516, .2532)	\bigcirc $\boxed{4}$	
	rly (.2537)		
PREMISES:			
	y with throw rope or lifeguard with reso		
	ocated (.2530, .2537)		
	E-closing, self-latching gates properly const)		
	perly drained, free of trip hazards (.2522, .2		
	rning signs posted (.2530)		
	ainers or pets in pool area(.2530)	······ × 1	
20. Caution signs posted at n	ot water spas (.2532)ovided at pools that operate at night (.2524)	4, .2537) \bigcirc 4	
	rovided (.2530)		
EQUIPMENT ROOM:	0,14e4 (1 <u>2</u> 6e 0)		
	matic feeders that meet NSF Standard 50 ((.2535) 🔾 🗗	
	nd flow meter operating properly (2518, .2		
	s kept in a dry, well-ventilated enclosure (
	ed by color codes or labels (.2518)		
	ed through an air gap (.2513)		
DRESSING AND SANITAR	Y FACILITIES:	\bigcirc 0	Comment Sheet Attached
28. Bathhouse or rest rooms	accessible; shower sign posted (.2526)	2	□Yes 🔀 No
29. Required fixtures provide	ed, clean, and in good repair (.2526) no cross connections (.2512) properly operating sewage system (.2513) .	兴2	Report Received by:
30. Approved water source, r	to cross connections (.2512)	∺3	Acport According.
31. Sewage disposed of in a p	properly operating sewage system (.2513).	∺≾	The Ren
32. Floors smooth, sup-resist 33. Hose bibbs and floor dra	ant, kept clean(.25 26)ins provided (.25 26)	దన	\mathcal{L}
55. Hose blobs and flour diff.	71/11	~ Z	
Inspection	1, 1, X V	s ID # 2026 - Willia	ams John
Conducted by	EH	m S~I.D.~#~~ 2026 - Willia	ame, com

Purpose: General Statute 13tA-2st2 requires the Commission for Health Services 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 Services Section, Division of Environmental Health. 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: Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1630. ENVIRONMENTAL HEALTH Services Section (Review 07/08)

Inspection Conducted by

N.C. Department of Environment and Natural Resources	Name:	CHAPEL TOWER APTS	Time In:	Ø 3 : Ø 5 ☐ am
Division of Environmental Health	ID:	4032500017	Time Out:	Ø 3 : 3 5 am
	Street:	1315 MORREENE RD	Total Time:	30 minutes
COMMENT ADDENDUM	City:	DURHAM	rotal rimo.	
				,
				Soell

N.C. Department of Environment and Natural Resources

Division of Environmental Health

COMMENT ADDENDUM

Name: CHAPEL TOWER APTS

ID: 4032500017

Street: 1315 MORREENE RD

City: <u>DURHAM</u>



N.C. Department of Environment and Natural Resources
Division of Environmental Health

COMMENT ADDENDUM

Name: <u>CHAPEL TOWER APTS</u>

ID: <u>4032500017</u>

Street: 1315 MORREENE RD

City: DURHAM



General Comments:



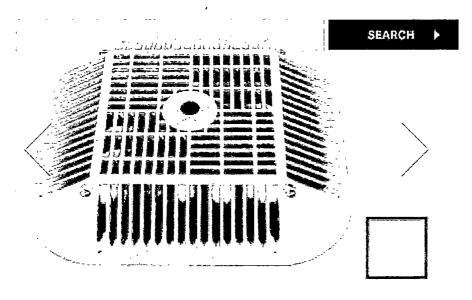


Home > Pool > Drains & Drain Covers > 12" Main Drains & Sumps > AquaStar 16" Square Anti-Entrapment Suction Outlet Cover, Mud Frame and Retro-Adapter Sub-Frame for 12" Square 3/4" Deep Retrofits (VGB Series) | White | 1216101



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 | 216101



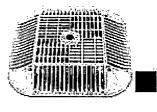




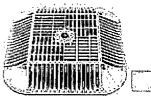


- · Requires a minimum 3" sump depth
- Use R1216xxx for 1" deep frames (Hayward, Waterway, American Pre-fab, CMP
- Retrofits over all existing sumps/frames up to 15"
- The xxx in all AquaStar part numbers is the color number

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 O Reviews or Write a Review

Need advice or looking for more information?

Type in your question & press Enter.

Browse 1 question and 3 answers





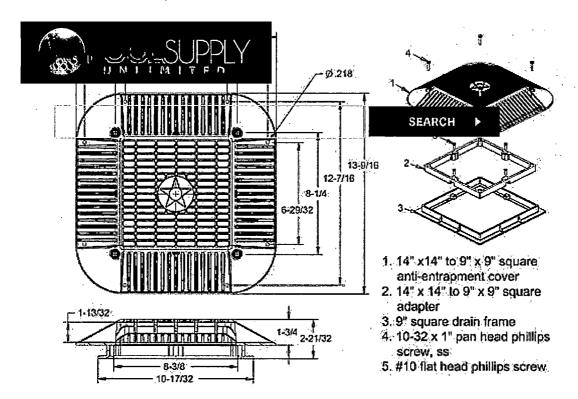
16" Square Anti-Entrapment Suction Outlet e and Retro-Adapter SEARCH Sub-Frame for 12" Square 3/4" Deep Retrofits (VGB Series) White

Features

• Requires a minimum 3" sump depth



- Floor/wall: 474 GPM at 1.5 fps
- 101 square inch opening
- Frame fits into existing 12" frame* withepoxy 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/ANSIA112.19.8a-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

Have a question 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.



need to upgrade to VGB compliant

Derek D on Apr 6, 2016

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

N.C. Department of Health and Human Services Division of Public Health Environmental Health Section Inspection of Swimming Pool Status Code:		Health Department Current Facility I Old Facility ID	Durham D 04032500017
Water Supply: Community Non-Transient Non-Community Non-Public Water Sup	ommunity	Water sample taken Inspection Re-Inspection Visit	today?
Name of Establishment: Changer I Can Ex	Pool Op	erator:	·
Location Address: 13 15 Progress RC	Mailing	•	
	_	•	States 7:ns
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	Points Deducted (Circle)	* Indicates crit	ical item (6-point demerit)
/*2. Disinfectant residual provided by:	υ,	17	
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	6	Sinale Smit	ch Tested
*3. Pool water pH = $\frac{1}{1}$ (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,) Submerged suction outlets meet ASME/ANSI A112.19.8-2007. Single drains protected. (.2537, .2539)	(6)	PW EQ	
7. Pool walls and floor kept clean, free of debris and in good repair (.2537)	4	\$000 d	actual Attonion
8. Surface skimmers (with weirs, baskets and covers) or gutters clean, in good repair, and functioning properly, no floating debris (.2518, .2537)	4		<u> </u>
9. Depth markings and no diving markers or signs visible and properly located	. 4	•	
(.2523, .2537)	4	140	4-7-2
\times \text{breakpoints (.2515, .2523)}\tag{7.5}	2	1/1/640	7/4 ///
Diving equipment, ladders steps and handrails properly placed, in good repair (2517, 2521)	@)		356
12. Inlets and other fittings in place and in good repair (.2537)	4	!	• •
13. Contrasting band on steps and benches (.2521, .2516, .2532)	4	1010	
	4	(7/142)	
PREMISES: *15. Body hook and ring buoy with throw rope or lifeguard with rescue tube			
provided and properly located (.2530, .2537)	6	1) ladalace	reed to be
maintained (.2528, .2537)	4	£ ()	1 / 1
17. Decks unobstructed, properly drained, free of trip hazards (.2522, .2537	4	10.517 102,1	h tha well
19. Signs prohibit glass containers or pets in pool area(.2530)	4	<u>d</u>	replace missins
20. Caution signs posted at hot water spas (.2532)	4	launier 1	'
21. Pool and deck lighting provided at pools that operate at night (.2524, .2537) *22. Emergency telephone provided (.2530)	, 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)	4 4		<u> </u>
25. Equipment and chemicals kept in a dry, well-ventilated enclosure (.2533, .2534,	4	Note both	wis.
.2537)	2 2	1 1	
27. Filter backwash discharged through an air gap (.2513)	2	<u>consider</u> i	replacify body
DRESSING AND SANITARY FACILITIES:		<u> </u>	
28. Bathhouse or rest rooms accessible; shower sign posted (.2526)	2 2	Cill for	reungape Torma
30. Approved water source, no cross connections (.2512)	2	£ 500	7
31. Sewage disposed of in a properly operating sewage system (.2513)	2 2	010	TOD TODA
32. Floors smooth, slip-resistant, kept clean(.2526) 33. Hose bibbs and floor drains provided (.2526)	<u> </u>		60 7800
Inspection Conducted by		EHS I.D.# 2303	Comment Sheet Attached
Report received by: The All Many			Yes No
Purpose: General Statute 1303-282 requires the Commission for Public Health to adopt rules governing Pubresults of inspections. This form is developed to be used in making inspections of public swimming pools, spas, complete the form every time they conduct in inspection. Prepare an original and two copies for: 1. Original to be Health Section. Disposition: This form may be destroyed in accordance with Standard-8.1 Division of Archives and History. Additional forms may be ordered from: Environmental Health Section, 1632 M	wading pools an e left with the re B .6 Inspecti	id water recreation attractions. Prepar sponsible person. 2. Copy for the local on Records. Of the Records Di.	es the contents of an inspection form to record the
EHS 3960 (Revised 07/12)			



PUBLIC SWIMMING POC	<u>)L</u>
OPERATION PERMIT APP	PLICATION
2018	

Office	Use	Only
--------	-----	------

Date Rec ____/__/2018 Date Paid _____/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 TOWE	R APTS PERM	NIT # <u>04-032-</u> 50-0017
New Name of Facility (if applicable)		
STREET ADDRESS OF POOL 1315 Morreen	e Road	
CITY Durham		NC ZIP 27705
POOL OPERATIONS (circle YEAR ROUND or ✓]seasonal	
NAME OF OWNER/MANAGEMENT COMPANY ${f G}$	eneral Service	es Corporation
MAILING ADDRESS 16 Consultant Way S		
CITY Durham	STATE_NC	ZIP CODE 27707
CONTACT PERSON Judy Southcombe	OFFICE PHONE	NUMBER 919-401-4577
FAX NUMBER 919-401-4595	EMAIL jso	uthcombe@gscapts.com
$\frac{\text{BILLING ADDRESS}}{\text{NAME}} \text{ FOR RENEWAL APPLICATION 8}$	ANNUAL FEE NOTIC	CE IF DIFFERENT FROM ABOVE
ADDRESS SAME		
CITYSAME	STATE SAME	ZIP CODE SAME
All Additional information to be provided by	/ Staff Certified Po	ol Operator or Contracted Pool Manager
	Company.	RECEIVED



1.	Facility/pool is operated/manage Staff Certified Pool Operator	d by (check one)			
	Contracted Pool Management	t Company			
	Shared arrangement between	Contracted Pool Compa	any and on-site staff		
2.	Pool operator's email:	@gscapts.com			
3.	ON-SITE STAFF/OPERATOR(S) IF A	APPLICABLE			
NA	ME John A Voss	_CERTIFICATE NUMBER	037652016 EX	P DATE 4/	19/21
NA	ME Jose Enamorado	_CERTIFICATE NUMBER	28*10110 EX	P DATE 3/	25/23
NA	DeShawn Kendall	_ _CERTIFICATE NUMBER	05*192017CH EX	P DATE 5/	19/22
MA	OL MANAGEMENT COMPANY $\frac{\mathbf{N}/A}{\mathbf{N}}$ IILING ADDRESS $\frac{\mathbf{N}/\mathbf{A}}{\mathbf{N}/\mathbf{A}}$	STATE N	J/A	_ ZIP CODE_	
со	NTACT PERSON N/A	PH	IONE NUMBER N/A	<u> </u>	
FAX	(NUMBER N/A	E	MAIL N/A		<u> </u>
LO	CK BOX COMBINATION N/A	LC	OCATION N/A		
	PHONE # OF POOL EMERGENCY P	919_383_8357			
6.	TYPE OF DISINFECTANT (check or	ne) 🚺 CHLORINE 📗	BROMINE	CHLORINE 6	SENERATOR (SALT)
PU	MP AND SAFETY COMPLIANCE	DATA			
1.	<u>Pumps:</u> Many pools and all spas Information for each pump.	have more than one pur	mp per pool or spa.	You must pro	vide all requested pump
	Total	number of Pumps	in Pool or Spa: _	1	



PUMP 1

A. <u>Pump (</u> 1)	Pump Manufacturer Pentaire	Model#_EQ500	Horsepower 5
2)	Maximum Pump Flow. Maximum flow ra supporting evidence if flow reduction)	te <u>from pump curve</u> : 800	gpm. (Provide
B. Drain Co	over/Grate Data		
1)	Number of drains on each pump $\underline{1}$	Distance between drains (on	centers) N/A
2)	Cover/grate manufacturer Waterwa	\mathbf{y} , model $\underline{\mathbf{640-472}\mathbf{xV}}$	_, Lifespan: 7yrs
3)	Maximum flow rating of cover/grate $\frac{35}{2}$	6 gpm (floor); 280	gpm (wall)
4)	Date drain cover/grates installed: $04/1$	9/17 EXPIRATION DA	ATE: 4/19/24
PUMP 2			
A. Pump F	low NI/A	NT/A	DT / /
1)	Pump Manufacturer N/A	Model#_ ^{IN/A} A	Horsepower_ ^{N/A}
	Maximum Pump Flow. Maximum flow rasupporting evidence if flow reduction)		
	over/Grate Data		
1)	Number of drains on each pump $\frac{\mathbf{N}/\mathbf{A}}{\mathbf{A}}$	Distance between drains (on	centers) N/A
	Cover/grate manufacturer N/A		
	Maximum flow rating of cover/grate $\frac{\mathbf{N}}{}$		
4)	Date drain cover/grates installed: N/A	EXPIRATION DA	ATE:
PUMP 3			
A. Pump F	low NI/A	DI/A	* ***********************************
1)	Pump Manufacturer N/A	Model#_ ^{1\/} A	Horsepower_N/A
2)	Maximum Pump Flow. Maximum flow ra supporting evidence if flow reduction)	ate <u>from pump curve</u> : N/A	gpm. (Provide
B. Drain Co	over/Grate Data		
1)	NI/A	Distance between drains (on	centers) N/A
2)	- N// A	, model N/A	_ Lifespan: N/A
3)	N/		gpm (wall)
4)	. N/A	EXPIRATION DA	ATE:



2. Equalizer	Covers		V
	er of <u>operable</u> skimmer equalizers	OR Have the equalizers been disabled? YES	NO
	If never equipped with equalizers check	k here and got to # 3. N/A	
Equali	zer fitting Manufacturer Aquastar	_, model VGB6H101 , Lifespan 5yrs	
Equali	zer fitting maximum flow rating $\frac{122g}{2}$	pm	
Date e	equalizer cover/grates installed: May	2016 EXPIRATION DATE: May 2021	
3. Safety Va	•	equired if dual drains are closer than 3 feet on cente	er or pump
Safety	Vacuum Release System manufacturer -	STINGL	
4. Vacuum	line- Choose <u>One</u>		
No vac	cuum line in pool		
Protec	tive cover on vacuum lines installed befor	re May 1, 2010	
Self-cl	osing, self-latching cover designed to be o	pened with a tool on vacuum lines installed after M	ay 1, 2010
5. Full name	e of CPO, or Contracted Pool Managen	nent Company staff, person providing this infor	mation
PRINT Joh	n Arthur Voss		
			_
4/20/18	John A Voss	John A Voss Digitally signed by John A Vose Date: 2018.04.20 11:15:14	s
 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

Division of Public Health	Demerit Score:	6774	/1-/	alth Depart	ment	Diham	0001
Environmental Health Section Inspection of Swimming Pool	Date of Insp/Chg	// C/	1 { }	atti Depart	lity ID	10307	
	Status Code:	it		Old Facility II Vater sample ta	_		
	on-Public Water Sup			Inspection Re-Inspectio	<u> </u>	Name Cha	
Wastewater System: Community On-Site S	·			Visit	<u> </u>	Status Cha	inge
Name of Establishment: hape Tower A	·i		Operator		51-174	V055	
Location Address: 1715 Morretne Re			ng Addr.		1		 ,
City: State: NC Z	ip: <u>27705</u>	City:			1	State:	Zip:
		Points Deducted		* Indicat	es critical ite	m (6-point demer	it)
WATER QUALITY: (.2535) *1. Water clear enough to clearly see bottom of pool and poo	ool drain	(Circle)			i		
*2. Disinfectant residual provided by:		~	6)	Tested	5145	le Swi	tali work
free chlorine =(at least 1.0 ppm or 2.0 ppm w bromine = (at least 2.0 ppm); or		\sim	<u> </u>		1		(
biguanide =(30 to 50 ppm*3. Pool water pH =(7.2 to 7.8)	•••••	(_6)			-		
*4. Water temperature of heated pool°F; does	not exceed 90°F		C/A -	75	1		
 (swimming pool) or 104°F (spa) Daily written records of water quality and test kit kept on 		6 4			1		
POOL MAINTENANCE:				પ્રાપ્ <u>ય</u> મોર્સ	at per room	a.s	•
*6. Submerged suction outlets meet ASME/ANSI A112.19. -drains-protected. (.2537, .2539)		6		[]	1000	\bigcirc L	
7. Pool walls and floor kept clean, free of debris and in good	repair (.2537)	4		1000	, 3°°C (-a 14	-
 Surface skimmers (with weirs, baskets and covers) or gutte repair, and functioning properly, no floating debris (.2518, 		4			-	<i>c</i> .	
Depth markings and no diving markers or signs visible and (2523, 2537)	properly located	4			ı		
10. Safety ropes with floats and contrasting color bands provid-	ed at shallow area	7	(4)	COL	110	pm	
breakpoints (.2515, .2523)		2		ı	. 7	1	100
(.2517, .2521)		2					
13. Contrasting band on steps and benches (.2521, .2516, .2532	2)	4			- i		
14. Spa timer working properly (.2537)		4			- ;		
PREMISES: *15.* Body hook and ring buoy with throw rope or lifeguard v	vith rescue tube			7			
provided and properly located (.2530, .2537)		6					
16. Fence or barrier with self-closing, self-latching gates proper maintained (.2528, .2537)		4			1		
17. Decks unobstructed, properly drained, free of trip hazards (.2 18. Lifeguards present or warning signs posted (.2530)	2522, .2537	4 4		<u> </u>			
19. Signs prohibit glass containers or pets in pool area(.2530)		4		<u> </u>	-		
20. Caution signs posted at hot water spas (.2532)21. Pool and deck lighting provided at pools that operate at nigl		4					
*22. Emergency telephone provided (.2530)		6			1		
EQUIPMENT ROOM: 23. Chlorine or bromine automatic feeders that meet NSF Stand	lard 50 (.2535)	4			-		-
24. Approved pump, filter, and flow meter operating properly (2)	2518, .2519)	4			-		
25. Equipment and chemicals kept in a dry, well-ventilated encl		2			1		
26. Valves and pipes identified by color codes or labels (.2518) 27. Filter backwash discharged through an air gap (.2513)		2 2			<u> </u>		
DRESSING AND SANITARY FACILITIES:		-		·	<u> </u>		
28. Bathhouse or rest rooms accessible; shower sign posted (.25		2					
29. Required fixtures provided, clean, and in good repair (.2526 30. Approved water source, no cross connections (.2512)		2 2			·		
31. Sewage disposed of in a properly operating sewage system 32. Floors smooth, slip-resistant, kept clean (.2526)		2		· -	<u> </u>		
33. Hose bibbs and floor drains provided (.2526)		. 2		-7 .7	<u> </u>		
Inspection Conducted by		<u>.</u>	_ EHS	I.D.# <u>~ 50</u>	2_	Comment	Sheet Attached
Report received by: Purpose: General Statute 130A-282 requires the Commission for Public Health to	adont rules governing Pul	olic Swimmi	ng Pools 15/	A NCAC 18A - 2511 e	necifies the co	ntents of an inspec	
results of inspections. This form is developed to be used in making inspections of pu complete the form every time they conduct an inspection. Prepare an original and tw	ublic swimming pools, spas, to copies for: 1. Original to b	wading poo e left with th	ls and water n e responsible	ecreation attractions. I person. 2. Copy for th	reparation: I le local health	Local environmental department. 3. Copy	for the Environmental
Health Section. Disposition: This form may be destroyed in accord Division of Archives and History. Additional forms may be ordered from: Environm	lance with Standard-8.1	B.6 Inspe	ection Reco	ords, of the Record	ds Dispositi	on Schedule pub	lished by the N.C.

EHS 3960 (Revised 07/12)





God	
Office Use O	nly
Date Rec / /2017	Seasonal/Year Round
Date Paid /4 /2017 Amount \$ 250 Cash Credit Check # 59 6050	50/53 Pool \$250 each pool 51/54 Wading Pool \$250 ea. 52/55 Spa \$250 ea.

PUBLIC SWIMMING POOL OPERATION PERMIT APPLICATION

2017

POOL INFORMATION PROOL/FACILITY NAME - CHAPEL TOWER APTS PERMIT #04-032-50-0017 New Name of Facility if applicable		•		**	
STREET ADDRESS OF POOL 1315 MORREENE ROAD CITY PHONE # OF POOL EMERGENCY PHONE 919 383 8357 POOL OPERATIONS (circle) YEAR ROUND OF SEASONAL) TYPE OF DISINFECTANT (circle) CHLORIN) BROMINE 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 Flow 1) Pump Manufacturer 1) Sump Measurements 1) Sump Measurements 1) Sump Measurements 1) Sump shape: Round- width: 1) Sump shape: Round- width: 1) Sump minimum depth 1) Diameter of outlet pipe in sump 5 inches 3) Distance of top (inside) of outlet pipe from bottom of cover/grate 12 in	POOL INFOR	MATION		•	
STREET ADDRESS OF POOL 1315 MORREENE ROAD CITY NC ZIP PHONE # OF POOL EMERGENCY PHONE 919 383 8351 POOL OPERATIONS (circle) YEAR ROUND OF SEASONAL) TYPE OF DISINFECTANT (circle) CHLORIND 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	POOL/FACILIT	TY NAME -CHAPEL TOWER APTS	PERMIT # <u>04-032</u>	-50-0017_	
PHONE # OF POOL EMERGENCY PHONE 919 383 8357 POOL OPERATIONS (circle) YEAR ROUND F SEASONAL TYPE OF DISINFECTANT (circle) CHLORIN) 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 ## PUMP 1 A. Pump Flow 1) Pump Manufacturer PENTAIR Model# E Q 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	New Name o	f Facility if applicable//	1		
POOL OPERATIONS (circle) YEAR ROUND OF SEASONAL TYPE OF DISINFECTANT (circle) CHLORIND 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	STREET ADD	RESS OF POOL 1315 MORREENE R	OAD <u>CITY</u>	NC_ZIP	_
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1) Pump Manufacturer PENTAIR Model# £ & 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	V PUMP 1	1. A.	<i></i>		
supporting evidence if flow reduction) B. <u>Drain Sump Measurements</u> 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	A. <u>F</u>	ump Flow 1) Pump Manufacturer PEN	TAIR Model#_	EQ 500	_ Horsepower_5
B. <u>Drain Sump Measurements</u> 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 in Diameter of outlet pipe in sump 5 inches 3) Distance of top (inside) of outlet pipe from bottom of cover/grate in				<u>np curve</u> :	gpm. (Provide
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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 in	S	ection)		4	
3) Distance of top (inside) of outlet pipe from bottom of cover/grate in		1) Sump shape: Round- width:	inches diameter;	Square- 12 inc	hes X <u>12</u> inches
		2) Sump minimum depth18	in Diameter of c	utlet pipe in sump	5 inches
4) Sump manufacturer and model # if available		3) Distance of top (inside) of outle	et pipe from bottom o	f cover/grate <u>12</u>	in
		4) Sump manufacturer and mode	l # if available	ABOT AVAILABLE	
Environmental Health Division		- A.A A.A.	•		



Environmental Health Division
Human Services Building | 414 East Main Street, Durham, North Carolina 27701
(919) 560-7800 | Fax (919) 560-7830 | dconc.gov/publichealth
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C.	<u>Drain (</u>	Cover/Grate Data
		Number of drains on each pump Distance between drains (on centers)
	2)	Cover/grate manufacturer Winterway, model 640.472 x V, Lifespan: 7475
	3)	Maximum flow rating of cover/grate $\frac{356}{250}$ gpm (floor); $\frac{280}{250}$ gpm (wall)
	4)	Date drain cover/grates installed: 4/19/2017 EXPIRATION DATE: 4/19/2024
PUMP 2		
A.	Pump l	<u>Flow</u>
	1)	Pump Manufacturer N/A Model# N/A Horsepower N/A
	2)	Pump Manufacturer $N A$ Model# $N A$ Horsepower $N A$ Maximum Pump Flow. Maximum flow rate $\underline{from\ pump\ curve}$: NA gpm. (Provide
		supporting evidence if flow reduction)
В.		Sump Measurements This is the area under the floor drains, if field built sump may need to
		e drain cover one time to measure. (Check here if sumpless \sqrt{R} , then proceed to next
	section	Sump shape: Round-width A inches diameter; Square- MA inches X NA inches
	1)	Sump snape: Round- width: Wife inches diameter; Square- Wife inches x Wife inches
	2)	Sump minimum depth in _ Diameter of outlet pipe in sump inches
		Distance of top (inside) of outlet pipe from bottom of cover/grate $\frac{N/A}{}$ in
		Sump manufacturer and model # if available
C.		Cover/Grate Data
	1)	Number of drains on each pump N Distance between drains (on centers) N Cover/grate manufacturer N model N Lifespan: N
	2)	Cover/grate manufacturer $\frac{\sqrt{A}}{\sqrt{A}}$, model $\frac{\sqrt{A}}{\sqrt{A}}$, Lifespan: $\frac{\sqrt{A}}{\sqrt{A}}$
	3)	Maximum flow rating of cover/grategpm (floor);gpm (wall)
	4)	Date drain cover/grates installed: N/A EXPIRATION DATE: N/A
PUMP 3		in the second
Α.	Pump	Flow Pump Manufacturer N A Model# Model# Horsepower N/A
•	2)	Maximum Pump Flow. Maximum flow rate <u>from pump curve</u> ://gpm. (Provide
,		supporting evidence if flow reduction)
В.		Sump Measurements This is the area under the floor drains, if field built sump may need to
		e drain cover one time to measure. (Check here if sumpless M/Λ , then proceed to next
	section	n) Sump shape: Round- width: 1/1/1/2 inches diameter; Square- 1/1/4 inches X 1/1/4 inches
	1)	
en. e Bu e	2)	Sump minimum depth N/Λ in Diameter of outlet pipe in sump N/Λ inches
	. 3) 작	• • • • • • • • • • • • • • • • • • • •
	4)	Sump manufacturer and model # if available
C.	<u>Drain</u>	Cover/Grate Data
	1) ⁻ 2)	Number of drains on each pump $//A$ Distance between drains (on centers) $//A$ Cover/grate manufacturer $//A$, model $//A$ Lifespan: $//A$
	31	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
2. <u>Equalizer Covers</u> Number of <u>operable</u> skimmer equalizers 5	OR Have the equalizers/been disabled? YES /
If never equipped with equalizers check here and	d got to # 3 N/A WE A PRIMER ?
	model VAB 6H101 Lifespan 5 yrs
Equalizer fitting maximum flow rating 122	PM 2 11
Date equalizer cover/grates installed: MAY	2016 EXPIRATION DATE: MAY 2021
 Safety Vacuum Release System (SVRS) – SVRS re pump has a single drain with blockable cover or sum 	equired if dual drains are closer than 3 feet on center or p.
Safety Vacuum Release System manufacturer	STINGL
Vacuum line- Choose One.	A.,
 Self-closing, self-latching cover designed to be op 2010 	e May 1, 2010 (Nois o PERATION AL - NO SUCTION) bened with a tool on vacuum lines installed after May 1,
Full name of person providing this information	John Arthur Voss
Signature Vm	Date0
7677X 9 A	CARL FEE
Pool Operator Data	A War and Carlo Maria
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 <u>atservice as c</u>	apts-com
	AND SECTION OF THE SE



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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

	CERTIFICATE NUMBER <u>037 657016</u> EXP DATE <u>04 / 19 / 202</u>
NAME Jose M Eramore	20 CERTIFICATE NUMBER 27 337959 EXP DATE 01 /17/2018
NAME Thomas Hunt	CERTIFICATE NUMBER 16 * 602012 EXP DATE 04 /17 /2017
***	** RECEPTIFICATION IN PROCESS
POOL COMPANY INFORMATION	
POOL MANAGEMENT COMPAN	· N/A
MAILING ADDRESS	
CITY	N/A STATE N/A ZIP CODE N/A
CONTACT PERSON	
FAX NUMBER //	/AEMAIL
LOCK BOX COMBINATION	N/A LOCATION N/A
ADMINISTRATIVE DATA	
FACILITY OWNER OR LOCAL	MANAGEMENT INFORMATION
NAME OF OWNER/MANAGEME	NT COMPANY General Services Corp.
MAILING ADDRESS 16 6	moultant Place Suite 104 71
city Durham	STATE NC ZIP CODE 27767
CONTACT PERSON July S	outhermbe office phone number 919 401-4577
FAX NUMBER 919 401	4595 EMAIL jouthcombe@gscapts:co
BILLING ADDRESS FOR RENEWA	AL APPLICATION & ANNUAL FEE NOTICE IF DIFFERENT FROM ABOVE
NAME	2
ADDRESS Samu	<u> </u>
CITYSam	STATE Same ZIP CODE Same
OC. A Van	John A Vere 02/21/0017
Signature	Print Name Date

•

CERTIFICATION OF COMPLIANCE

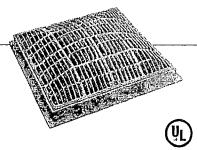
12" x 12" SQUARE GRATE: P/N 640-472x V

Contents:

1

Part Number:

640-472x V



Description:

Square Grate

Size:

12" x 12"

Open Area:

62.4 in²

GPM @ 1.5 fps:

292

 ${\bf Floor\,Flow\,Rate:}$

356 GPM

Wall Flow Rate:

280 GPM



VGB 2008

Date of Manufacture:

DEC 1 2 7016

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



Howarmy.

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

810-0253.0412

N.C. Department of Environment and Natural Resources Division of Environmental Health	Demerit Score: 0		Health Department 32 Du	urham
Inspection of Swimming Pool	Date of Insp/Chg: 05/24/	2016	Current Facility ID 40325	500017
inspection of Swimming Foot	Status Code: A		Old Facility ID	
Water Community 2 Transient Non-Community		er sample tak		Name Change Verification of Closure
Wastewater System: 🔀 Community	4 On-Site System		☐ Visit	Status Change
Name of Establishment: CHAPI	EL TOWER APTS	Pe	ool Operator: GSC / JOHN	VOSS
4045 14000	SEENE DD			
Location Address: 1315 MORR	EENE RU	Mailing	Addr	
City: DURHAM	State: <u>NC</u> <u>Zip:</u> 27705C	ity:	State:_	Zip:
		Points Deducted	* Indicates critical ite	em (6-point demerit)
WATER QUALITY: (.2535)		(Check)	Comm	ents:
	ee bottom of pool and pool drain	0 6	** SEE COMMENT S	HEET ATTACHED **
*2. Disinfectant residual provided l	oy:	_	OLL COMMENT 5	——————————————————————————————————————
	ast 1.0 ppm or 2.0 ppm where required	l);		
bromine = (at le biguanide = (30 te	ast 2.0 ppm); or	\circ 6	1318 = 60	180-150
*3. Pool water pH = $\frac{1}{7}$. 4 (7.2 t	o 50 ppm	06 06	<u> </u>	
*4. Water temperature of heated po	ool . °F; does not exceed 90°	F _	1	
	***************************************	≃ Ծ	144 < 3	0
5. Daily written records of water quare POOL MAINTENANCE:	ality and test kit kept on site	• 4		
	in good repair, no suction hazard. Sing	de _	- <u>·</u>	
	06 (.2537, .2539)			
	ree of debris and in good repair (.2537)	\sim 4		
	skets and covers) or gutters clean, in goo			
repair, and functioning properly,	no floating debris (.2518, .2537)	O 4		
	arkers or signs visible and properly locate			
	rasting color bands provided at shallow a			
	asting color bands provided at shanow a			
	and handrails properly placed, in good re	-		
		\bigcirc 2		
	nd in good repair (.2537)			
	nches (.2521, .2516, .2532)			
	7)	• 4		
PREMISES: *15 Rody book and ring buoy with t	throw rope or lifeguard with rescue tub	10 0		
	.2530, .2537)			
	, self-latching gates properly constructed			
	ined, free of trip hazards (.2522, .2537			
	ns posted (.2530)			
	pets in pool area(.2530)spas (.2532)			
	at pools that operate at night (.2524, .253			
	(.2530)	., \frown		
EQUIPMENT ROOM:		<u> </u>		, 1 / -
23. Chlorine or bromine automatic fe	eders that meet NSF Standard 50 (.2535)	· \bigcirc 4	DYINGS SW	itch operating
	meter operating properly (2518, .2519)		0 5 300 = 1.	<i>'</i> 7
	a dry, well-ventilated enclosure (.2533, .		property.	─
	lor codes or labels (.2518)			
	gh an air gap (.2513)			
DRESSING AND SANITARY FACI	LITIES:	\bigcirc 0	~	
28 Bathhouse or rest rooms accessib	le: shower sign posted (2526)	⊖2		neet Attached
29. Required fixtures provided, clean	, and in good repair (.2526)	\∺ <u>2</u>	□Yes	s 🔀 No
30. Approved water source, no cross	connections (.2512)	∀≾	Report Received by:	
32. Floors smooth, slip-resistant, lean	t clean(.2526)t	·····∹	A Composit Received by	1 L
33. Hose bibbs and floor drains provi	ided /(./ 526)		[] M	NAN
	1-1111 -			
Inspection	EHS I.D.	# 2026 - Will	liams, John	
Conducted by:	Ens I.D.	<i></i>	<u> </u>	

Purpose: General Statute 130.4-212 requires the Commission for Health Services 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 dead of pool 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. Prepara 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 Services Section, Division of Environmental Health. 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: Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1630.

N.C. Department of Environment and Natural Resources	Name:	CHAPEL TOWER APTS	Time In:	_Ø_2 : _1 Ø ⊠ am
Division of Environmental Health	ID:	4032500017	Time Out:	Ø 2 : 2 5 ☐ am pm
	Street:	1315 MORREENE RD	Total Time:	15 minutes
COMMENT ADDENDUM	City:	DURHAM		
				√
				Spell

N.C. Department of Environment and Natural Resourses

Division of Environmental Health

COMMENT ADDENDUM

Name: CHAPEL TOWER APTS

ID: 4032500017

Street: 1315 MORREENE RD

City: <u>DURHAM</u>



N.C. Department of Environment and Natural Resourses

Division of Environmental Health

COMMENT ADDENDUM

Name: CHAPEL TOWER APTS

ID: 4032500017

Street: 1315 MORREENE RD

City: DURHAM



General Comments:



Office Use Only

Date Rec 5/6/2016

Seasonal/Year Round

Date Paid 5/5 /2016

Amount \$ 250

50/53 Pool \$250 each pool 51/54 Wading Pool \$250 ea. 52/55 Spa \$250 ea.

Cash Credit Check # 5209875 52/

2016

SCANNED

MAY 0 6 2016

MAY 0 6 2016

PUBLIC SWIMMING POOL OPERATION PERMIT APPLICATION

POOL INFORMATION
POOL/FACILITY NAME CHAPEL TOWER APTS
STREET ADDRESS OF POOL 13 15 MORRESS PORD CITY DURSAM NC ZIP 27705
PHONE # OF POOL EMERGENCY PHONE 919 383 9357
PERMIT #04-032- 50 - 0017 POOL OPERATIONS (circle) YEAR ROUND SEASONAL
TYPE OF DISINFECTANT (circle) CHLORINE BROMINE CL2 GENERATOR (SALT)
VGB SAFETY COMPLIANCE DATA
Circulation Pump System Flow
Pump Manufacturer PENTAIR Model Number EQ 500 Horsepower 5
Maximum Pump Flow (manufacturer's specifications) 500 gallons per minute
<u>OR</u>
Provide supporting evidence for flow reduction by a North Carolina Registered Professional Engineer.
eature Pump/ Spa Jet Pump System Flow (indicate N/A if Not Applicable)
Pump Manufacturer Model Number Horsepower MA
Maximum Pump Flow (manufacturer's specifications) /// gallons per minute
Main Drain Cover/Grate Data
Number of drains on same pumping system ONE (1) Distance between drains (on centers)
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
7yR\$ Application Page 1 of 3



Feature Drain Cover/Grate or Spa Jet Drain/Grate
Number of drains on same pumping system(indicate 0 if NONE)
Distance between drains (on centers)
Cover/grate manufacturer
Maximum flow rating of cover/grategpm (floor);gpm (wall)
Date drain cover/grates installed: Expiration date:
Skimmer Equalizer Cover Data
Number of operable skimmer equalizers 5 (indicate 0 if NONE)
Equalizer fitting Manufacturer ROUASTAR 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) COMPLET E BY 5-6-16
<u>Safety Vacuum Release System (SVRS)</u> – 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.) <u>Indicate N/A if not applicable.</u>
Safety Vacuum Release System manufacturer - 671 NGL
Full name of person providing this information JOHN NOWLE YOSS
FACILITY OWNER OR LOCAL MANAGEMENT INFORMATION
NAME OF OWNER/MANAGEMENT COMPANY GENERAL SERVICES CORP
MAILING ADDRESS 16 CONSULTANT PLACE SCUTE 104
CITY DURLIAM STATE NC ZIP CODE 27707
CONTACT PERSON JUDY SOUTH COMBE. OFFICE PHONE NUMBER 919 401 4577
CONTACT PERSON JUDY SOWTH COMBE. OFFICE PHONE NUMBER 919 401 4577
CONTACT PERSON JUDY SOUTH COMBE. OFFICE PHONE NUMBER 919 401 4577 FAX NUMBER 919 401 4595 EMAIL Jouth combe @ grapts.com
FAX NUMBER 919 401 4595 EMAIL Touth combe grapts.com BILLING ADDRESS FOR RENEWAL APPLICATION & ANNUAL FEE NOTICE IF DIFFERENT FROM ABOVE
FAX NUMBER 919 401 4595 EMAIL Touth combe groupts.com BILLING ADDRESS FOR RENEWAL APPLICATION & ANNUAL FEE NOTICE IF DIFFERENT FROM ABOVE NAME ADDRESS



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) IF APPLICABLE NAME John Voss CERTIFICATE NUMBER 037*1520/EXP DATE 41912021 NAME JOSE ENA MORADO CERTIFICATE NUMBER 27. 337959 EXP DATE 0/ 1/11/2018 NAME MANUEL GONZALEZ CERTIFICATE NUMBER 04-202013C- EXP DATE 04 120 180/8 **POOL COMPANY INFORMATION** POOL MANAGEMENT COMPANY MAILING ADDRESS _____ CONTACT PERSON _____PHONE NUMBER FAX NUMBER____ LOCK BOX COMBINATION _____ JOHN A VOSC 4/18/16



Application Page 3 of 3

Date

Print Name

Demerit Score: Division of Public Health alth Department Date of Insp/Chg ____ Environmental Health Section Current Facility ID 403350 Inspection of Swimming Pool Status Code: Old Facility ID Community Water sample taken today? YES NO Water Supply: Non-Transient Non-Community Inspection Transient Non-Community Non-Public Water Supply Name Change Re-Inspection Verification of Closure Wastewater System: On-Site Systems Community Visit Status Change TIDLY TR MPRPOOL Operator: 10 HW VOSS 109.592011 Name of Establishment: Location Address: 1315 RO Mailing Addr.: Semo (199 State: NC Zip: 277 → City: Zip: State: **Points** Deducted * Indicates critical item (6-point demerit) (Circle) WATER QUALITY: (.2535) STILL SWITH ADORATING *1. Water clear enough to clearly see bottom of pool and pool drain *2. Disinfectant residual provided by: free chlorine = 10 (at least 1.0 ppm or 2.0 ppm where required); OVERCTI (at least 2.0 ppm); or 1200 biguanide = ___ (30 to 50 ppm..... Pool water pH = 3 4 (7.2 to 7.8)..... Water temperature of heated pool °F; does not exceed 90°F (swimming pool) or 104°F (spa) had net add Daily written records of water quality and test kit kept on site POOL MAINTENANCE: *6. Submerged suction outlets meet ASME/ANSI A112.19.8-2007. Single drains protected. (.2537, .2539)...... Pool walls and floor kept clean, free of debris and in good repair (.2537)..... Surface skimmers (with weirs, baskets and covers) or gutters clean, in good repair, and functioning properly, no floating debris (.2518, .2537) 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)..... *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) EQUIPMENT ROOM: NOTE: FILL TIBE 10" FROM 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, HEARNO PAIL 1217T 102PIL .2537) 26. Valves and pipes identified by color codes or labels (:2518) 27. Filter backwash discharged through an air gap (.2513) D DFCKIS DRESSING AND SANITARY FACILITIES: 28. Bathhouse 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) Sewage disposed of in a properly operating sewage system (.2513) 32. Floors smooth, slip-resistant, kept clean(.2526) 32. Floors smooth, sup-resistant, sep. 33. Hose bibbs and floor drains provided (.2526) 1. NIAUCY LUND EHS LD.# 2308 Inspection Conducted by: _ ALA m Comment Sheet Attached-Report received by:

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. Report received by:

N.C. Department of Health and Human Services



VGB Good

Office Use Only

Date Rec 4/ 0

Date Paid / / /201

Amount \$ 5 43/8

Cash Credit Check # 200

Seasonal/Year Round
50/53 Pool \$200 1st pool
50/53 Add Pool per site \$150

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 MORRESNE ROAD DURHAM, NC 20105
PHONE # OF POOL EMERGENCY PHONE 919 383 8357
PERMIT # 04-032-50-0017 POOL OPERATIONS (circle) YEAR ROUND or SEASONAL
YEAR POOL WAS CONSTRUCTED1912
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 (<u>circle one</u>) 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 DORHAM STATE NO ZIP CODE 2710.7
CONTACT PERSON SHAJNOJ BRUMMENT OFFICE PHONE NUMBER 919 4014577
FAX NUMBER 919 401 4595 EMAIL S Brummette gecapis 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 A	AND ANNUAL FEE NOTIC	CE IF DIFFERENT FROM ABOVE
NAME		
ADDRESS		
CITY	STATE	ZIP CODE
FACILITY/POOL IS OPERATED/MANAGED		
✓ POOL OPERATOR TRAINED ON-SIT	TE STAFF	
— A CONTRACTED POOL MANAGEME	ENT COMPANY	
 A SHARED ARRANGEMENT BETWEE 	EEN CONTRACTED POO	L COMPANY AND ON-SITE STAFF
ON-SITE STAFF/OPERATOR(S)		
NAME JOHN A VOSS	CERTIFICATE	NUMBER 109* 59201)
NAME MANUEL GONZALEZ	CERTIFICATE	NIMBER 04-202013C-NIL
NAME DEE EVAMORADO	CERTIFICATE	NUMBER 27-337959
POOL COMPANY INFORMATION POOL MANAGEMENT COMPANY		
MAILING ADDRESS		
CITY		
CONTACT PERSON		
FAX NUMBER		
LOCK BOX COMBINATION	LOCAT	ION
***IS THIS POOL VGB COMPLIANT	es or No Drain	Expiration Date <u>51 12016</u> ***
Am Xlm	JOHN A-VOS	3-18-2015



Pool Drain Safety Compliance Data

Tool Drain Salety Comphance Data
Name of Pool CHAPEL TOWER APARTMENTS
Permit Number for Pool
Address 1315 M ORREENE RD DURMAN NE 2MOS
Pump System Flow
Pump Manufacturer PENTAIR Model Number EQ500
Maximum Pump Flow (manufacturer's specifications)gallons per minute
Maximum Pumping System Flow is reduced togpm based on: RETURN FLOW GUAGE
Measured Total Dynamic Head loss of feet;
Calculated Total Dynamic Head loss of feet;
Magnetic flow meter reading ofgpm;
Automatic flow limiting valve factory set atgpm
(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) - 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) FUE
Equalizer fitting Manufacturer AQUASTAR model 6HP101
Equalizer fitting maximum flow rating 1726PM & 3.4 fps
Date equalizer cover/grates installed 4/36/201/Expiration date://
Print Full name of person providing this information JOHN ARTHUR VOSS
Signature Date 2 / 28 / 2015
Environmental Health Division Human Services Building 414 East Main Street, Durham, North Carolina 27701 Poper Invironmental Health Division 414 East Main Street, Durham, North Carolina 27701 Poper Invironmental Health Division 414 East Main Street, Durham, North Carolina 27701 Poper Invironmental Health Division 414 East Main Street, Durham, North Carolina 27701 Poper Invironmental Health Division 414 East Main Street, Durham, North Carolina 27701 Poper Invironmental Health Division 414 East Main Street, Durham, North Carolina 27701 Poper Invironmental Health Division 414 East Main Street, Durham, North Carolina 27701 Poper Invironmental Health Division 414 East Main Street, Durham, North Carolina 27701 Poper Invironmental Health Division 414 East Main Street, Durham, North Carolina 27701 Poper Invironmental Health Division 414 East Main Street, Durham, North Carolina 27701 Poper Invironmental Health Division 414 East Main Street, Durham, North Carolina 27701 Poper Invironmental Health Division 414 East Main Street, Durham, North Carolina 27701 Poper Invironmental Health Division 414 East Main Street, Durham, North Carolina 27701 Poper Invironmental Health Division 414 East Main Street, Durham, North Carolina 27701 Poper Invironmental Health Division 414 East Main Street, Durham, North Carolina 27701 Poper Invironmental Health Division 414 East Main Street, Durham, North Carolina 27701 Poper Invironmental Health Division 414 East Main Street, Durham, North Carolina 27701 Poper Invironmental Health Division 414 East Main Street, Durham, North Carolina 27701 Poper Invironmental Health Division 414 East Main Street, Durham, North Carolina 27701 Poper Invironmental Health Division 414 East Main Street, Durham, North Carolina 27701 Poper Invironmental Health Division 414 East Main Street, Durham, North Carolina 27701