## **Pool Drain Safety Compliance Data** PERMIT CANNOT BE ISSUED IF FORM IS INCOMPLETE

A separate form is required for each pump including circulation, jet or feature.

Name of Pool			ID#			
1.	Pump Flow					
	Pump Manufacturer	Model#		power		
	Maximum Pump Flow at highest speed <b>FR</b>	•••				
Pump use: Circulation jet feature (check one)						
		from power for any reason) or changed out in the last 12 months				nths?
	Yes No	Flow meter reading				
	Flow meter manufacturer			GPM		
2.	Drain Sump Measurements Is drain cover	sumpless Yes		No(if yes procee	ed to section	n #3)
	Sump manufacturer and model		OR:	Field built sump	).	
	Diameter of pipe entering sump	inches. Pipe enters t	hrough	BOTTOM SI	DE of pump	•
	Distance between highest point of outlet p	pipe and top edge of su	ump	inches. Sump di	mensions	
2	Drain Cover Data – MUST BE INSTALLED P				Instruction	os to form
э.	Number of main drains on each pump	Distance between m			feet	
	inches.	Distance between in		iis (on centers)	ieet	
	Cover/grate manufacturer	, Model		, VGBA approva	l 2008	2017
	Maximum flow rating of cover/grate	gpm. Cover(s) located on po			/all.	2017
			-		dll.	
	Date installed Lifespan	Expiration Da	ale			
4.	Equalizer Covers					
	Number of <i>operable</i> skimmer equalizers Have the equalizers been permanently disabled? YES NO					
	Equalizer fitting manufacturer	Model	•	Lifespan		
	Bulkhead adaptor manufacturer	Model		Date Installed		
	Diameter of equalizer pipe	Cover is loca	ted on	Floor Wall		
	Equalizer fitting maximum flow rating	gpm				
	Date equalizer cover/grates installed	EXPIRATION	DATE:			
	. ,,,	_				
5.	<u>Safety Vacuum Release System (SVRS)</u> – S	Safety Vacuum Release	System	manufacturer/m	odel#	
	You will be required to demonstrate effect	-	-			
6	Vacuum Line Chaosa ana					

## 6. <u>Vacuum Line</u> Choose one

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

Date

Full name of person providing this information

Signature	
NCDHHS	
Revised 1/27/2022 for immediate use.	

## Instructions for Completion of the Pool Drain Safety Compliance Data Form

Please review the instructions below to ensure the Pool Drain Safety Compliance Data form is properly completed and all required information required. All components must be approved and field verified by the Health Department prior to the issuance of an operation permit in accordance with Rule .2539(c).

## A FORM FOR EACH PUMPING SYSTEM MUST BE PROVIDED.

- 1. PUMP FLOW Enter the maximum flow from the manufacturer's pump perf01mance curve. For variable speed pumps, enter the maximum flow at the highest speed. If a flow reduction is requested, attach required documentation. A functioning flow meter will be required to permit a pool with a flow reduction.
- 2. DRAIN SUMP MEASUREMENTS Measurements are needed to determine the size of the cover/grate and to assure the sump is deep and wide enough to meet the requirements in the cover/grate manufacturer's specifications.
- 3. DRAIN COVER/GRATE DATA Enter the manufacturer, model, lifespan expiration date and maximum flow for the main drain cover(s). For VGBA 2017 covers, attach a copy of the flow rate chart.
- 4. EQUALIZER COVERS Enter the number of operable equalizer line covers, the manufacturer, model, lifespan expiration date and maximum flow for the equalizer covers. Provide bulkhead adaptor information. If all equalizer lines are disabled or pool has no equalizer lines, please provide details on the form.
- 5. SAFETY VACUUM RELEASE SYSTEM (SVRS) SVRS is required if dual drains are closer than 3 feet on center or pump has a single drain with a block able cover or block able sump. Enter the manufacturer of the safety vacuum release system (SVRS). SVRS must be tested according to manufacturer's instructions, provide date of last test. If using other secondary method of preventing bather entrapment per Rule .2539(b), please attach documentation.
- 6. VACUUM LINE If vacuum line ports are present in the pool, please indicate the type of cover(s) on the form.

FORM COMPLETION — A separate Pool Drain Safety Compliance Data form must be completed and submitted for each individual pool at a facility including spas, wading pools, and other pools.

The Health Department understands that the required information and/or measurements may be beyond the scope of owners or operators. In those cases, it is recommended that you contact a Registered Design Professional (Professional Engineer or Licensed Architect) or a knowledgeable pool professional to assist you in completing the form.

NC DHHS

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