

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 # _____ Horsepower _____

Maximum Pump Flow at highest speed **FROM PUMP CURVE:** _____ gpm. Pump use: Circulation Jet Feature

2. Has pump been serviced (disconnected from power for any reason) or changed out in last 12 months? YES NO

Flow meter manufacturer _____ Flow meter reading _____ GPM

3. **Drain Sump Measurements** Is drain cover sumpless? YES/NO (if Yes, proceed to section #3)

Sump manufacturer and model _____ OR: Field built sump

4. Diameter of pipe entering sump _____ inches. Pipe enters through BOTTOM SIDE of sump

Distance between highest point of outlet pipe and top edge of sump _____ inches. Sump dimensions _____

5. **Drain Cover Data – MUST BE INSTALLED PER MANUFACTURER’S INSTRUCTIONS- Attach Instructions to form.**

Number of main drains on each pump _____ Distance between main drains (on centers) _____ feet _____ inches

6. Cover/grate manufacturer _____, model _____, VGBA approval 2008 Flow 2017

rating from instructions _____ gpm Cover(s) located on pool: Floor Wall

Date installed _____ Lifespan _____ **EXPIRATION DATE** _____

7. Equalizer Covers

Number of operable 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 located on (circle where mounted): Floor Wall

Equalizer fitting maximum flow rating _____ gpm.

Date equalizer cover/grates installed _____ **EXPIRATION DATE:** _____

8. **Safety Vacuum Release System (SVRS)** –Safety Vacuum Release System manufacturer/model# - _____
You will be required to demonstrate effectiveness during permitting inspection. Date last tested _____

6. **Vacuum Line** 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

Full name of person providing this information _____

Signature _____ Date _____

NCDHHS

Revised 5/11/2023 for immediate use.