

**Pool Drain Safety (VGB) Compliance Data**  
**PERMIT CANNOT BE ISSUED IF FORM IS INCOMPLETE**  
A separate form is required for each pumping system.

Name of Pool \_\_\_\_\_

Address \_\_\_\_\_

**1. Pump Flow**

Pump Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_ Horsepower \_\_\_\_\_

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

2. **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)

Sump shape: Round- width: \_\_\_\_\_ inches diameter; **OR** Square- \_\_\_\_\_ inches X \_\_\_\_\_ inches

Sump minimum depth \_\_\_\_\_ inches Diameter of outlet pipe in sump \_\_\_\_\_ inches

Distance of top (inside) of outlet pipe from bottom of cover/grate \_\_\_\_\_ inches

Sump manufacturer and model # if available \_\_\_\_\_

**3. Drain Cover/Grate Data**

Number of drains on each pump \_\_\_\_\_ Distance between drains (on centers) \_\_\_\_\_

Cover/grate manufacturer \_\_\_\_\_, model \_\_\_\_\_, Lifespan: \_\_\_\_\_

Maximum flow rating of cover/grate \_\_\_\_\_ gpm (floor); \_\_\_\_\_ gpm (wall)

Date drain cover/grates installed: \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**4. Equalizer Covers**

Number of operable skimmer equalizers \_\_\_\_\_ **OR** Have the equalizers been disabled? YES / NO

Equalizer fitting Manufacturer \_\_\_\_\_, model \_\_\_\_\_, Lifespan \_\_\_\_\_

Equalizer fitting maximum flow rating \_\_\_\_\_

Date equalizer cover/grates installed: \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

5. **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 - \_\_\_\_\_

**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 \_\_\_\_\_

## **Instructions for Completion and Submission of Pool Drain Safety Compliance Data Form**

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

### **POOLS WITH MULTIPLE PUMPING SYSTEMS MUST SUBMIT A FORM FOR EACH PUMPING SYSTEM.**

1. **PUMP FLOW** – Enter the maximum flow from the manufacturer’s pump performance curve. Pump curves can be found online at <http://ehs.ncpublichealth.com/faf/pti/drainsafety.htm> and <http://charmec.org/mecklenburg/county/HealthDepartment/EnvironmentalHealth/PublicSwimmingPools/Pages/default.aspx>
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. Information on documenting the size of the drain sump can be found at: <http://ehs.ncpublichealth.com/faf/pti/drainsafety.htm>
3. **DRAIN COVER/GRATE DATA** – Enter the manufacturer, model, lifespan expiration date and maximum flow for the main drain cover(s). Various approved covers can be found under *VGB Approved Drain Covers and Equalizer Covers* listed at the following website: <http://charmec.org/mecklenburg/county/HealthDepartment/EnvironmentalHealth/PublicSwimmingPools/Pages/default.aspx> or at the drain cover manufacturer’s website.
4. **EQUALIZER COVERS** – Enter the number of operable equalizer line covers, the manufacturer, model, lifespan expiration date and maximum flow for the equalizer covers. Various approved covers can be found under *VGB Approved Drain Covers and Equalizer Covers* listed at the following website: <http://charmec.org/mecklenburg/county/HealthDepartment/EnvironmentalHealth/PublicSwimmingPools/Pages/default.aspx> or at the equalizer cover manufacturer’s website. If all equalizer lines are disabled or pool has no equalizer lines, please indicate and 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 blockable cover or blockable sump. Enter the manufacturer of the safety vacuum release system (SVRS). If using another secondary method of preventing bather entrapment allowed in 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.**