

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: _____

Physical Address: _____

City: _____ State: NC Zip: _____

1. Pump Flow

Pump Manufacturer: _____ Model #: _____ Horsepower: _____

Maximum Pump Flow – Maximum flow rate *from pump curve*: _____ gpm*

***Supporting evidence needed if flow reduction is needed (cannot exceed gpm of drain covers)**

2. Drain Cover/Grate Data

Number of Drains on Each Pump: _____ Distance between drains (*on centers*): _____ feet, _____ inches

Cover/grate manufacturer: _____ Model: _____ Lifespan: _____

Maximum Flow Rating of Cover/Grate: _____ gpm (*floor*) _____ gpm (*wall*)

Date Drain Cover/Grates installed: _____ **EXPIRATION DATE:** _____

3. Drain Sump Measurements

Check here if SUMPLESS, then proceed to # 4.

This is the area under the floor drains, if field-built sump may need to remove drain cover one time to measure.

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*): _____

4. Equalizer Covers

Check here if Equalizer have been disabled, then proceed to # 5.

Number of *Operable* Skimmer Equalizers: _____

Equalizer Fitting Manufacturer: _____ Model: _____ Lifespan: _____

Equalizer Fitting Maximum Flow Rating: _____ gpm

Date Equalizer Cover/Grates Installed: _____ **EXPIRATION DATE:** _____

5. Safety Vacuum Release System (SVRS)

Yes (*if yes, provide manufacturer below*)

N/A

SVRS is required if there is a single main drain or if dual drains are closer than 3 feet on center

Safety Vacuum Release System Manufacturer: _____

6. Vacuum Line Choose One

No vacuum line in pool;

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

The Health Department understands that the required information and/or measurements may be beyond the scope of owners/authorized representatives. In those cases, it is recommended that you contact a qualified engineer/pool professional to assist you in completing this form.

Information Provide By: _____

Full Name & Title

Signature: _____ Date: _____

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EHS: _____ Date: _____ Approved Disapproved