

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** (circle one)

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

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

Sump manufacturer and model _____ **OR: Field built sump (circle if yes)**

Diameter of pipe entering sump _____ inches. Pipe enters through **BOTTOM /SIDE** of sump (Must circle one)

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

3. 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

Cover/grate manufacturer _____, model _____, VGBA approval **2008 / 2017** (circle one)

Maximum flow rating of cover/grate _____ gpm. Cover(s) located on pool: **Floor / wall** (circle one)

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

4. 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**: _____

5. 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 _____