

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

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 ☐ Yes ☐ No

Diameter of pipe entering sump _____ inches. Pipe enters through: ☐ BOTTOM of Sump ☐ SIDE of sump

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

Maximum flow rating of cover/grate: _____ gpm Cover(s) located on pool: ☐ Floor ☐ Wall

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: ☐ 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 _____