



# Pool Drain Safety (VGB) Data Gathering Tool Kit

\*\*\*This is not the application\*\*\*

For Client use only. Do not submit to our office.

A separate form is needed for each permitted pool

Name of Pool \_\_\_\_\_ Permit Number \_\_\_\_\_

Address \_\_\_\_\_

1. Number of Pumps Per Pool \_\_\_\_\_ (one form for each pumping system, see pg. 3)

2. **Pump Flow**

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

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

3. **Drain Cover/Grate Data**

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

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

Contact Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_ Email \_\_\_\_\_

Full name of person providing this information \_\_\_\_\_

Date \_\_\_\_\_

The Online Application can be located at

<https://www.dcopublichealth.org/services/environmental-health>

## 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 need to be approved and verified by the Health

Environmental Health Division

Human Services Building | 414 East Main Street, Durham, North Carolina 27701

(919) 560-7800 | Fax (919) 560-7830 | [dconc.gov/publichealth](http://dconc.gov/publichealth) | [healthinspector@dconc.gov](mailto:healthinspector@dconc.gov)

Equal Employment/Affirmative Action Employer

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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://charmeck.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://charmeck.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://charmeck.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.

