

# Pool Drain Safety Compliance Data

## DATA/ INFORMATION REQUIREMENTS SET BY NCDHHS

- Data will be required to complete your application
- A separate sheet is required for each pump including circulation, jet or feature.
- Record request can made at [healthinspector@dconc.gov](mailto:healthinspector@dconc.gov)

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 \_\_\_\_\_ inches

### 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 of person providing this information

Date

NCDHHS

Revised 1/27/2022 for immediate use.