



Pool Drain Safety Compliance Data Form
PERMIT CANNOT BE ISSUED IF FORM IS INCOMPLETE
A SEPARATE FORM IS REQUIRED FOR EACH PUMPING SYSTEM
A NEW FORM MUST BE FILLED OUT EVERY YEAR

Name of Pool / Spa _____

Address _____

Type of Pump: ____ Circulation / Filtration ____ Hydrotherapy / Jet ____ Water Feature

Has this pump or pump motor been replaced or has any electrical work been done which would involve disconnecting and reconnecting electrical wires since the last operation permit was issued? YES NO

1. Pump Information

Pump Manufacturer: _____ Model#: _____ Horsepower: _____

Maximum Pump Flow: _____ gpm* *Max flow rate taken from manufacturer pump curve.*

2. Drain Cover/Grate Data

Number of drains on pump _____ Manufactured date of cover: Before May 24, 2021 After May 24, 2021**

Cover/grate manufacturer: _____ Make: _____ Model: _____ Lifespan: _____ (years)

Location of installation: Floor Wall Both Floor and Wall Max flow rating of cover: _____ gpm*

Date drain cover/grates **INSTALLED:** _____ **EXPIRATION DATE:** _____

*** If Maximum Pump Flow listed in item #1 exceeds max flow rating of drain cover listed in item #2, please complete chart on page 3 of this form.**

****Flow rating from manufacturer may differ for like covers depending on sump measurements and pipe sizes. You must provide documentation from the manufacturer that supports the flow ratings listed on this form.**

Single Main Drain: YES NO

If yes, is this drain larger than 18" x 23"? Yes No N/A (If No, complete *Secondary Method of Preventing Bather Entrapment* section #4 below)

Multi Drain System: YES NO

Distance between drain covers measured center to center: _____ (If less than 3 feet/36 inches complete *Secondary Method of Preventing Bather Entrapment* section #4 below)

3. **Drain Sump Measurements** This is the area under the main drains, if sump is field built, the drain cover will need to be removed to take measurements. (Check here if no sump(s) _____, then proceed to next applicable section; if drain cover was manufactured after May 24, 2021, you must provide suction pipe sizes).



Sump Construction: Manufactured (fill out next line) Field fabricated (skip next line)

Sump manufacturer and model #: _____

Sump dimensions: Round Sump- diameter: _____ inches; **OR** Square Sump- _____ inches X _____ inches

Sump depth _____ inches Size of suction pipe _____ inches

Orientation of suction pipe to sump: side outlet bottom outlet

Distance between the highest point of the outlet pipe and the top edge of sump _____ inches

4. Secondary Method of Preventing Bather Entrapment – Safety Vacuum Release System (SVRS) compliant with ASME/ANSI A112.19.17 or ATSM-F2387 is required if multiple drains are closer than 3 feet on centers or pump has a single drain with blockable cover or sump.

SVRS Manufacturer, Make, and Model Number: _____

N/A (Pool has two or more drain covers separated by 3 feet or more measured on centers OR has an unblockable drain.

5. Equalizer Covers

Pool Exempt: No Equalizers Gutter Spray Pad Disabled If disabled, how*? _____

*Equalizers plugged under skimmer basket: Yes No N/A

*Equalizers plugged on the pool wall: Yes No N/A

If equalizer lines have been disabled by plugging, they must be plugged under the skimmer basket AND on the pool wall

Number of operable skimmer equalizers _____

Equalizer fitting Manufacturer: _____ Make: _____ Model: _____ Lifespan: _____

Location of Installation (check one): Floor Wall Maximum flow rating of equalizer fitting _____ gpm

Pipe size of equalizer line: _____ inches Date equalizer cover(s) **INSTALLED:** _____ **EXPIRATION DATE:** _____

6. Vacuum Line

Choose One:

- No vacuum line in pool Protective cover on vacuum lines installed before May 1, 2010
- Self-closing, self-latching cover designed to be opened with a tool on vacuum lines installed after May 1, 2010



Pump Flow Reduction**-complete this section **ONLY** if the maximum pump flow under item #1 exceeds the maximum flow rating for the main drain cover(s) under item #2.

***If you are required to show a pump flow reduction, you only need to fill out **ONE** side of the chart below, either a. Calculated Total Dynamic Head or b. True Flow, not both:

a. Calculated Total Dynamic Head and Pump Curve (fill out one side only)	b. True Flow Using Flow Meter (fill out one side only)
<p>TDH Calculations: (Gauge PSI x 2.31) + (Gauge Hg x 1.13)</p> <p>(___ x 2.31) + (___ x 1.13) = _____ ft. head loss</p> <p>Design Flow = _____ GPM</p> <p>Provide/attach photograph documentation of vacuum and pressure gauges <i>after backwash AND skimmer valve closed</i>. Provide pump curve documentation. See below for flow meter requirements.</p> <p>Type of Flow Meter/Model: _____</p>	<p>Type of Flow Meter/Model: _____</p> <p>Variable Frequency Drive (VFD) Installed? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, provide information below</p> <p>VFD Mfg./Model: _____</p> <p>Flow Set Point: _____</p> <p><i>True Flow Design Flow, after backwash AND skimmer valve closed:</i> _____ GPM</p> <p>Provide/attach photograph documentation of flow meter reading after backwash. See below for flow meter requirements.</p>
<p>For Calculated TDH or True Flow, Flow Meter is Required Installed per Mfg. Instructions and Operable Include photograph documentation of pipe size and inlet/outlet pipe distance.</p> <p style="margin-left: 100px;">Return Pipe Diameter: _____ inches</p> <p style="margin-left: 100px;">Length of Pipe before Flow Meter: _____ inches</p> <p style="margin-left: 100px;">Length of Pipe after Flow Meter: _____ inches</p>	

Maximum Pump System Flow reduced to _____ **gpm** (taken from either a. Calculated Total Dynamic Head or b. True Flow from the chart above).

OR

N/A (The maximum pump flow taken from the manufacturer’s pump curve does not exceed the maximum flow rating of the main drain cover(s)).

Full name of person providing this information _____

Signature _____ Date _____

