



### 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# 02055 \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_

**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.**

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 \_\_\_\_\_