

VGBA COMPLIANCE DATA SHEET (Pool Drain Safety Compliance Data Form)

Name and address of pool: _____

Pool location: Indoor Outdoor

Pool type: Swimming Pool Wading Pool Spa Other _____

Volume of pool (gallons) _____

Pump information: (MULTIPLE PUMPS REQUIRE INDIVIDUAL DATA SHEETS)

Pump Type: Recirculation(Filtration) Hydrotherapy Feature (Slide, Waterfall, Bubblers, etc)

Manufacturer _____ Make _____ Model Number _____

HP of Pump _____ Maximum Flow Rate (gpm) (Maximum flow from pump curve) _____

Drain cover information:

Manufacturer _____ Make _____ Model Number _____

Date Installed _____ Expiration Date of Drain Covers _____

Flow rate of drain cover in gallons per minute (gpm) _____ Location of installation: Floor or Wall

Dimensions of Drain Cover (inches) _____ Shape (round, rectangular, square, etc.) _____

Drain cover conforms to ASME/ANSI A112.19.8-2007 or newer standard: Yes No

Single Main Drain: Yes No

 If **Yes**, is this drain larger than 18"x23" Yes No N/A (If No, complete Secondary Back up System below)

Multi-drain system: Yes No

 Distance between pipes (pipe center to pipe center) (inches) _____

 (If less than 36", complete Secondary Back up System below)

Secondary Back up System - Safety Vacuum Release System (SVRS) compliant with ASME/ANSI A112.19.17 or ASTM-F2387.

Make and Model Number: _____

Sump information:

Manufacturer _____ Make _____ Model _____

Length (inches) _____ Width (inches) _____ Depth (inches) _____

Sump Construction: Field Fabricated or Manufactured

Date sump installed _____ Size of suction pipe (inches) _____

Clearance between the bottom of the drain cover and the opening of suction pipe (inches) _____

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

Equalizer line cover information:

Pool Exempt: No Equalizers Gutter Spray Pad Plugged If Plugged, How/When? _____

Number of operable skimmer equalizers _____

Manufacturer _____ Make _____ Model # _____

Maximum Flow Rate (gpm) _____ floor or wall Size of Equalizer lines _____ (inches)

Equalizer line cover installation date _____ Expiration Date _____

Owner/Operator/PE (title) Signature _____ Date _____

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 be need to be approved and verified by the Health 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>, <https://www.mecknc.gov/HealthDepartment/EnvironmentalHealth/PublicSwimmingPools/Pages/default.aspx?redirect=charmeck> or at the pump manufacturer’s website.
- 2) **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.
- 3) **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>
- 4) **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.
- 5) **VACUUM LINE** – If vacuum line ports are present in the pool, please indicate the type of cover(s) on the form.
- 6) **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.

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.