

**Pool Drain Safety (VGB) Compliance Data**  
**PERMIT CANNOT BE ISSUED IF FORM IS INCOMPLETE**

A separate form is required for each pumping system.

Name of Pool / Spa \_\_\_\_\_

Address \_\_\_\_\_

Type of Pump: \_\_\_ Circulation / Filtration \_\_\_ Hydrotherapy / Jet \_\_\_ Water Feature

**1. Pump Flow**

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

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

2. **Drain Sump Measurements** This is the area under the floor drains, if field built sump may need to remove drain cover one time to measure.  
(Check here if sumpless \_\_\_\_\_, then proceed to next section)

Sump shape: Round- width: \_\_\_\_\_ inches diameter; **OR** Square- \_\_\_\_\_ inches X \_\_\_\_\_ inches

Sump minimum depth \_\_\_\_\_ inches Diameter of outlet pipe in sump \_\_\_\_\_ inches

Distance of top (inside) of outlet pipe from bottom of cover/grate \_\_\_\_\_ inches

Sump manufacturer and model # if available \_\_\_\_\_

**3. Drain Cover/Grate Data**

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

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_