



Buncombe County Environmental Health
Pool Drain Safety Compliance Data Form
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

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-Complete EITHER a. or b. below, not both.

Pump Manufacturer: _____ Model#: _____ Horsepower: _____

- a. Maximum Pump Flow: _____ gpm. *Max flow rate taken from manufacturer pump curve.*
- b. Maximum Pump System Flow is reduced to _____ gpm **Taken from calculated design flow or true flow reading (see below):*

**If you chose option b from above, fill out EITHER i OR ii, not both:*

i. Calculated Total Dynamic Head and Pump Curve	ii. True Flow Using Flow Meter
<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 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 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>Return Pipe Diameter: _____ inches</p> <p>Length of Pipe before Flow Meter: _____ inches</p> <p>Length of Pipe after Flow Meter: _____ inches</p>	

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: _____

Location of installation (check one): Floor Wall Both Floor and Wall Max flow rating of cover: _____ gpm

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

**Flow rating from manufacturer may differ for like covers depending on sump measurements and pipe sizes. Provide flow ratings from manufacturer in addition to 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 _____ bottom

Distance between the top inside of suction pipe (inside sump) and the bottom of the drain cover/grate _____ 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: _____

5. Equalizer Covers

Pool Exempt: No Equalizers Gutter Spray Pad Disabled If disabled, how? _____ **If plugging equalizer lines, they must be plugged on the pool wall AND under the skimmer basket.*

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

Full name of person providing this information _____

Signature _____ Date _____