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: _______


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 ASTM-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:

<table>
<thead>
<tr>
<th>a. Calculated Total Dynamic Head and Pump Curve (fill out one side only)</th>
<th>b. True Flow Using Flow Meter (fill out one side only)</th>
</tr>
</thead>
</table>
| **TDH Calculations:** (Gauge PSI x 2.31) + (Gauge Hg x 1.13)  
(____ x 2.31) + (____ x 1.13) = ______ ft. head loss  
Design Flow = _____ GPM  
Provide/attach photograph documentation of vacuum and pressure gauges after backwash AND skimmer valve closed. Provide pump curve documentation. See below for flow meter requirements.  
Type of Flow Meter/Model: ________________________ | **Type of Flow Meter/Model:** ________________________  
**Variable Frequency Drive (VFD ) Installed?** ☐ Y ☐ N  
If yes, provide information below  
**VFD Mfg./Model:** ________________________  
**Flow Set Point:** ________________________  
**True Flow Design Flow, after backwash AND skimmer valve closed:** _____ GPM  
Provide/attach photograph documentation of flow meter reading after backwash. See below for flow meter requirements. |

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.

- **Return Pipe Diameter:** _______ inches  
- **Length of Pipe before Flow Meter:** _______ inches  
- **Length of Pipe after Flow Meter:** _______ inches

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 __________________________