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_________________________________

NCDHHS
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