

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

A separate form is required for each pump including circulation, jet or feature.

Name of Pool \_\_\_\_\_ ID# \_\_\_\_\_

Address of Pool \_\_\_\_\_

**1. Pump Flow**

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

Maximum Pump Flow at highest speed **FROM PUMP CURVE:** \_\_\_\_\_ gpm. Pump use: Circulation Jet Feature

If Flow Reduction used, TDH: \_\_\_\_\_ ft. Pump Flow based on TDH: \_\_\_\_\_ gpm. Variable Speed RPM: \_\_\_\_\_ rpm

Has pump been serviced (disconnected from power for any reason) or changed out in last 12 months? YES NO

Flow meter manufacturer \_\_\_\_\_ Flow meter reading \_\_\_\_\_ GPM

**2. Drain Sump Measurements** Is drain cover sumpless? YES NO

Sump manufacturer and model \_\_\_\_\_ OR: Field built sump

Diameter of pipe entering sump \_\_\_\_\_ inches. Pipe enters through BOTTOM SIDE of sump

Distance between highest point of outlet pipe and top edge of sump \_\_\_\_\_ inches. Sump dimensions \_\_\_\_\_

**3. Drain Cover Data – MUST BE INSTALLED PER MANUFACTURER'S INSTRUCTIONS- Attach Instructions to form.**

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

Cover/grate manufacturer \_\_\_\_\_, model \_\_\_\_\_, VGBA approval 2008 2017

Maximum flow rating of cover/grate \_\_\_\_\_ gpm Cover(s) located on pool: Floor Wall

Date installed \_\_\_\_\_ Lifespan \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_

**4. Equalizer Covers**

Number of operable skimmer equalizers \_\_\_\_\_ Have the equalizers been permanently disabled? YES NO

Equalizer fitting Manufacturer \_\_\_\_\_, Model \_\_\_\_\_, Lifespan \_\_\_\_\_ VGBA approval 2008 2017

Bulkhead adaptor Manufacturer \_\_\_\_\_, Model \_\_\_\_\_, Date Installed \_\_\_\_\_

Diameter of equalizer pipe \_\_\_\_\_ Cover is located on: Floor Wall

Equalizer fitting maximum flow rating \_\_\_\_\_ gpm.

Date equalizer cover/grates installed \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**5. Safety Vacuum Release System (SVRS) –Safety Vacuum Release System manufacturer/model# - \_\_\_\_\_**

You will be required to demonstrate effectiveness during permitting inspection. Date last tested \_\_\_\_\_

**6. 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 \_\_\_\_\_