

PUMP TYPE (choose one)

- Filtration Pump
- Feature Pump

Lincoln County Environmental Health
115 W. Main St. Lincolnton, NC 28092
Ph: 704-736-8426 Fax: 704-736-8427



PUBLIC SWIMMING POOL DRAIN SAFETY COMPLIANCE FORM

Facility Name _____ Pool ID# _____
 Physical Address _____ City _____ Zip _____

All applicable sections of the form must be completed. Missing or incomplete information will result in a DISAPPROVAL of the submission. A separate form must be completed for each pump system.

1. Pump System Flow – Complete either A or B below, not both

Pump Manufacturer _____ Model # _____ HP _____

A. Maximum Pump Flow _____ gpm **** Taken off pump manufacturer pump curve**

B. Maximum Pumping System Flow is reduced to _____ gpm

**** Choose only one from below. Supporting evidence and calculations must be provided for flow reduction**

Measured Total Dynamic Head loss of _____ feet (**provide system used**);

Calculated Total Dynamic Head loss of _____ feet (**provide calculations**);

Magnetic flow meter reading of _____ gpm;

Automatic flow limiting valve factory set at _____ gpm

2. Main Drain Cover Data

Pool Exempt: Gravity Fed Drains Surge Tank

Number of main drains on same pumping system _____ Distance between drains (on centers) _____ inches (“NA” if single drain)

Drain cover manufacturer _____ Model # _____ Date Installed _____

Maximum flow rating of cover/grate _____ gpm (floor); _____ gpm (wall) **Expiration Date** _____

Main Drain Sump Measurements – Skip this section if sumpless universal cover is used

Sump Size – Circular Diameter: _____ Inches – or – Rectangular Dimensions: _____ inches by _____ inches

Sump minimum depth _____ inches Diameter of suction outlet pipe to pump _____ inches

Distance of top (inside) of suction outlet pipe from bottom of cover/grate _____ inches

Manufactured Sump OR Field-Built Sump

3. Equalizer Cover Data

Pool Exempt: Gutter Spray Pad Plugged If plugged, how? _____

Number of operable skimmer equalizers _____ (each surface skimmer usually has at least ONE equalizer line)

Equalizer fitting manufacturer _____ Model # _____ Date Installed _____

Maximum flow rating _____ gpm; (floor) _____ gpm (wall) **Expiration Date** _____

Equalizer Sump Measurements – Skip this section if sumpless universal cover is used

Sump Size – Circular Diameter: _____ Inches – or – Rectangular Dimensions: _____ inches by _____ inches

Sump minimum depth _____ inches Diameter of suction outlet pipe to pump _____ inches

Distance of top (inside) of suction outlet pipe from bottom of cover/grate _____ inches

Manufactured Sump OR Field-Built Sump

4. Suction Vacuum Relief System (SVRS) – Required of drains that are less than 3 ft apart or single main drain

SVRS manufacturer _____ Model # _____

5. 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

Name of person completing _____ Title _____

(PRINT) Signature _____ Date _____

ENVIRONMENTAL HEALTH DEPARTMENT USE ONLY:
 REVIEWED _____ DISSAPPROVED _____ INITIALS _____ DATE _____ May 2020

Instructions for Completion and Submission of Pool Drain Safety Compliance Form

Please review the instructions below to ensure the required Pool Drain Safety Compliance (PDSC) form or its approved equivalent is properly completed and submitted - detailing all information requested. All submissions will be reviewed and approved/disapproved by Environmental Health. Disapproved submissions will receive notification of reason(s) for disapproval.

1. **EQUIVALENT FORM** – A document which contains the same information requested on the PDSC form and may, or may not, contain a Professional Engineer's (PE) or Architect's sign-off.

2. **WHEN/WHERE TO SUBMIT** – Updated or new PDSC forms should be submitted as soon as possible to ensure timely review. In order to receive an operating permit, all Lincoln County pools must successfully execute the permit application process and receive approval of their PDSC form. Submissions may be faxed to 704-736-8427, emailed to stacyadcock@lincolncounty.org, or mailed to:

**Lincoln County Environmental Health
302 N. Academy St., Suite B
Lincolnton, NC 28092**

3. **WHO CAN SUBMIT** – The owner, operator, or any person representing the owner.

4. **PUMP SYSTEM FLOW** – If estimating maximum flow from a manufacturer's pump performance curve, attach the pump curve. Various approved pumps can be found under Pump Identification with Pump Curves listed at our website at: <http://meckpools.charmeck.org>

5. **DRAIN SUMP MEASUREMENTS** – Measurements are needed to determine the size of the cover/grate and to assure the sump is deep and wide enough to meet the requirements in the cover/grate manufacturer's specifications. Information on documenting the size of the drain sump can be found at: <http://ehs.ncpublichealth.com/faf/pti/drainsafety.htm>

6. **DRAIN COVER/EQUALIZER DATA** – Enter the manufacturer, model, lifespan expiration date and maximum flow for the main drain cover(s). Attach the manufacturer's specification sheet. Various approved covers can be found under VGB Approved Drain Covers and Equalizer Covers listed at our website at: <http://meckpools.charmeck.org>

7. **SUCTION VACUUM RELIEF SYSTEMS – SVRS** is required if dual drains are closer than 3 feet on center or a pump has a single drain with a blockable cover or sump. SVRS's are designed to interrupt pump flow if suction outlets are blocked.

8. **FORM COMPLETION** – A separate PDSC form must be submitted for each individual pool at a facility including spas, wading pools, and other pools. Pools with multiple pumping systems must submit a form for each system. Pools with single main drains which attained compliance with State rule changes made in 2009 are not exempt from compliance with these new standards.

The Health Department understands that the required information and/or measurements may be beyond the scope of owners or their authorized representatives. In those cases, it is recommended that you contact a qualified engineer or pool professional to assist you in completing the form.

More information about suction hazards and pool drain safety may be found on the State of North Carolina Public Pool program website at: <http://ehs.ncpublichealth.com/faf/pti/drainsafety.htm>