# 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.

<table>
<thead>
<tr>
<th>Name of Pool</th>
<th>ID#</th>
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<tr>
<th>Physical Address</th>
<th>City</th>
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## 1. PUMP FLOW

- **Pump Manufacturer**
- **Model #**
- **Horsepower**

**Maximum Pump Flow at highest speed FROM PUMP CURVE:** __________ gpm  

**Pump use:**
- Circulation / jet / feature (circle one)

**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  (if Yes, proceed to section #3)

- **Sump manufacturer and model**
- **Field built sump (circle if yes)**

- **Diameter of pipe entering sump** __________ inches

- **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.

- **Number of main drains on each pump** __________
- **Distance between main drains (on centers)** __________ feet __________ inches

- **Cover/grate manufacturer**
- **Model**
- **VGBA approval 2008 / 2017 (circle one)**

- **Maximum flow rating of cover/grate** __________ gpm

**Cover(s) located on pool:**
- **Floor / wall** (circle one)

**Date installed** __________

**Lifespan** __________

**EXPIRATION DATE**

## 4. EQUALIZER COVERS

- **Number of operable skimmer equalizers** __________

- **Equalizer fitting Manufacturer**
- **Model**
- **Lifespan**

- **Bulkhead adaptor Manufacturer**
- **Model**
- **Date Installed**

- **Diameter of equalizer pipe** __________

- **Cover is located on (circle where mounted):**
  - **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** __________

**Revised 2/2022**