

NEW HANOVER COUNTY HEALTH AND HUMAN SERVICES

VGBA COMPLIANCE DATA SHEET (Pool Drain Safety Compliance Data Form)

Name and address of pool: _____

Pool location: Indoor Outdoor

Pool type: Swimming Pool Wading Pool Spa Other _____

Volume of pool (gallons) _____

Pump information: (MULTIPLE PUMPS REQUIRE INDIVIDUAL DATA SHEETS)

Pump Type: Recirculation (Filtration) Hydrotherapy Feature (Slide, Waterfall, Bubblers, etc.)

Manufacturer _____ Make _____ Model _____

HP of Pump _____ Maximum Flow Rate (Maximum flow from pump curve) _____ gpm

Is maximum flow reduced? Yes No If Yes, complete page 2- Reduced Maximum System Flow section.

Drain cover information:

Manufacturer _____ Model _____

Date Installed _____ Expiration Date of Drain Covers _____

Flow rating of drain cover _____ gpm Location of installation: Floor or Wall

Cover Dimensions: Circular (diameter): _____ inches or Rectangular (length x width): _____ inches by _____ inches

Drain cover conforms to ASME/ANSI A112.19.8-2007 or newer standard: Yes No

Single Main Drain: Yes No

If Yes, is this drain larger than 18"x23" Yes No N/A (If No, complete Secondary Back up System below)

Multi-drain system: Yes No # of Drains on this pump system _____

Distance between drains (center to center) _____ inches (actual measurement)

(If less than 36", complete Secondary Back up System below)

Secondary Back up System - Safety Vacuum Release System (SVRS) compliant with ASME/ANSI A112.19.17 or ASTM-F2387.

Make and Model: _____

Sump information:

Manufacturer _____ Model _____ Date sump installed _____

Sump Construction: Field Fabricated or Manufactured

Sump Dimensions: Circular (diameter): _____ inches or Rectangular (length x width): _____ inches by _____ inches

Sump Depth: _____ inches Size of suction pipe _____ inches

Distance between the top (inside) of the suction outlet pipe and bottom of the drain cover/grate _____ inches

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

Equalizer line cover information:

Pool Exempt: No Equalizers Gutter Spray Pad Disabled If Disabled, How/When? _____

of operable skimmer equalizers _____ Manufacturer _____ Model _____

Equalizer Cover Flow Rate _____ gpm floor or wall Size of Equalizer line pipe _____ inches

Equalizer line cover installation date _____ Expiration Date _____

Form Completed by: Name (print): _____ Title: _____

Signature: _____ Date: _____

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Reduced Maximum System Flow: *(Only required for pools needing a flow reduction for compliance.)*

Fill out Section A OR B. Provide all information for flow meter section (C).

All pools which need a flow reduction for compliance must have a working flow meter for field verification.

A. Calculated Total Dynamic Head (TDH) and Pump Curve

Provide/attach photograph documentation of gauges after backwash.

TDH Calculations: (Gauge PSI x 2.31) + (Gauge Hg x 1.13)

(_____ x 2.31) + (_____ x 1.13) = _____ ft. head loss Design Flow from Pump Curve = _____ gpm

B. True Flow Using Flow Meter

Provide/attach photograph documentation of flow meter reading after backwash.

True Flow Design Flow after Backwash = _____ gpm

VFD Installed? Yes No If yes, provide information below.

VFD Mfg./Model: _____

Flow Set Point: _____ gpm Speed Setting: _____ rpm

C. For Calculated TDH or True Flow, Flow Meter is Required Installed per Mfg. Instructions and Operable

Include photograph documentation of flow meter, pipe size and inlet/outlet pipe distances.

Type of Flow Meter/Model: _____

Return Pipe Diameter: _____ inches

Length of Straight Pipe before Flow Meter: _____ inches

Length of Straight Pipe after Flow Meter: _____ inches

Note: If the flow meter for any system with a flow reduction or a variable speed pump which could exceed the rating for the drain covers stops working, the permit will be denied or an Intent to Suspend issued.

The Health Department understands that the required information and/or measurements may be beyond the scope of owners or operators. In those cases, it is recommended that you contact a Registered Design Professional (Professional Engineer or Licensed Architect) or a knowledgeable pool professional to assist you in completing the form.

Form Completed by: Name (print): _____ Title: _____

Signature: _____ Date: _____

Instructions for Completion and Submission of Pool Drain Safety Compliance Data Form

Please review the instructions below to ensure the Pool Drain Safety Compliance Data (PDSC) form is properly completed and submitted with all information required. All submissions will need to be approved and verified by Environmental Health prior to the issuance of an operation permit for the pool in accordance with Rule .2539(c).

POOLS WITH MULTIPLE PUMPING SYSTEMS MUST SUBMIT A FORM FOR EACH PUMPING SYSTEM.

- 1) **PUMP FLOW** – Enter the maximum flow from the manufacturer’s pump performance curve. Pump curves can be found online at the pump manufacturer’s website. The Owner’s manual for the pump may also have the pump curve. Attach the pump curve.
- 2) **DRAIN COVER/GRATE DATA** – Enter the manufacturer, model, installation date, lifespan expiration date and maximum flow for the main drain cover(s). Attach the manufacturer’s specification sheet. Specification sheets can be found on the drain cover manufacturer’s website, install manual or by contacting the manufacturer.
- 3) **SAFETY VACUUM RELEASE SYSTEM (SVRS)** – SVRS is required if dual drains are closer than 3 feet on center or pump has a single drain with a blockable cover or blockable sump. Enter the make and model of the safety vacuum release system (SVRS). If using another secondary method of preventing bather entrapment allowed in Rule .2539(b), please attach documentation.
- 4) **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>.
- 5) **VACUUM LINE** – If vacuum line ports are present in the pool, please indicate the type of cover(s) on the form.
- 6) **EQUALIZER COVERS** – Enter the number of operable skimmer equalizers, the manufacturer, model, lifespan expiration date and maximum flow for the equalizer covers. Attach the manufacturer’s specification sheet. Specification sheets can be found on the equalizer cover manufacturer’s website, install manual or by contacting the manufacturer. For pools that choose to disable their equalizer lines, the pool must follow State Recommendations (July 2017) and provide details on the form.
- 7) **REDUCED MAXIMUM FLOW**- Only required for pools needing a flow reduction for compliance. Flow reduction can be documented by calculating the Total Dynamic Head (TDH) or with the true flow using the flow meter. Either method requires a flow meter to be installed per manufacturer’s instructions and operable. Provide the requested information for A or B and all sections of C. Photographs are required each year as documentation to verify the flow reduction and flow meter.

FORM COMPLETION – A separate Pool Drain Safety Compliance Data form must be completed and submitted for each individual pool at a facility including spas, wading pools, and other pools.

The Health Department understands that the required information and/or measurements may be beyond the scope of owners or operators. In those cases, it is recommended that you contact a Registered Design Professional (Professional Engineer or Licensed Architect) or a knowledgeable pool professional to assist you in completing the form.