

PUMP TYPE

- Filtration Pump
- Feature Pump



HEALTH USE ONLY:

DATE RCD _____
 APP _____ DIS _____
 INITIALS _____

Mecklenburg County Health Department
Pool Drain/Suction 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 and denial or suspension of permit.

1. Pump System Flow – Complete EITHER **A** or **B** below, not both. Max flow taken from pump manufacturer pump curve.

Pump Manufacturer _____ Model # _____ HP _____

A. Maximum Pump Flow _____ gpm

B. Maximum Pumping System Flow is reduced to _____ gpm

Measured Total Dynamic Head loss of _____ feet System Used to Measure? _____

Calculated Total Dynamic Head loss of _____ feet Calculations _____

Flow Reduction with Approved Flow Meter _____ gpm How is Flow Reduced? _____

Type of Flow Meter _____

2. Main Drain Cover Data Pool Exempt: Gravity Fed Drains and/or Surge Tank Built Without

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

Manufacturer _____ Model # _____ Date Installed _____

Max flow of cover/grate _____ gpm (floor); _____ gpm (wall) Expiration Date _____

Main Drain Sump Measurements – For universal cover, provide sump dimensions and diameter of suction outlet pipe

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

Sump minimum depth _____ inches Diameter of suction outlet pipe in sump _____ inches

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

** New Construction – Fill out Section **2B Main Drain Cover Data – Sump Information on page 2.**

3. Equalizer Cover Data Pool Exempt: Gutter Spray Pad Built Without

Number of operable skimmer equalizers _____

Have the equalizers been disabled per [State Recommendations](#)? YES NO NA

Manufacturer _____ Model # _____ Date Installed _____

Max flow of cover/grate _____ gpm (wall); _____ gpm (floor) Expiration Date _____

** Equalizers requiring sump information – fill out **Section 3B Equalizer Sump Measurements on page 2.**

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 Below

_____ No vacuum line in pool – portable vacuum or vacuum through skimmers with 2 or less skimmers

_____ Pool built prior to May 1, 2010 – Protective cover secured on line (does not protrude >2” from wall)

_____ Pool built post May 1, 2010 – Self-closing, self-latching cover designed to be opened with a tool

Name of person completing _____ Title _____

(PRINT)

Signature _____ Date _____

Oct 2019



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2B. Main Drain Cover Data – Sump Information

For New Construction Only

Manufactured Sump

Mfg. Model #

Field Built Sump Field Fabricated Suction Outlets Shall be Certified by Registered Design Professional under ANSI/APSP/ICC-7 2013 Section 4.3.1.2, Field Fabricated Suction Outlet(s).

3B. Equalizer Sump Measurements – For universal cover, provide sump dimensions and diameter of suction outlet pipe

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

Sump minimum depth _____ inches Diameter of suction outlet pipe in sump _____ inches

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

Manufactured Sump

Mfg. Model #

Field Built Sump Field Fabricated Suction Outlets Shall be Certified by Registered Design Professional under ANSI/APSP/ICC-7 2013 Section 4.3.1.2, Field Fabricated Suction Outlet(s).

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.

General Comments:

Instructions for Completion and Submission of Pool Drain Suction Compliance Form

Please review the instructions below to ensure the required Pool Drain/Suction 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. Submissions may be faxed to 704-336-5306, emailed to katie.wilson@mecklenburgcountync.gov, or mailed to:

POOL PERMITTING UNIT
Mecklenburg County Public Health
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208

3. **WHO CAN SUBMIT** – The owner, operator, or any person representing the owner. New construction must be submitted by engineer or architect.
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 on the manufacturer websites or under [Pump Identification with Pump Curves](#) listed at our website.
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>. For new construction, field-built sumps must be engineer certified.
6. **DRAIN COVER/EQUALIZER 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. Various approved covers can be found under [VGB Approved Drain Covers and Equalizer Covers](#) listed at our website. For pools that choose to disable their equalizer lines, the pool must follow [State Recommendations](#).
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. **VACCUM LINE** – All vacuum lines are required to be covered. Provide specifications for vacuum line.
9. **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.

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>