

PUMP TYPE

- Filtration Pump
- Feature Pump
- Jet 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. Provide pump curves and manufacturer cut sheets for all information listed on this form. Missing or incomplete information will result in DISAPPROVAL of the submission and denial/suspension of permit.

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

Pump Manufacturer _____ Model # _____ HP _____

A. Maximum Pump Flow _____ gpm *Max flow taken from pump manufacturer pump curve.*

B. Maximum Pumping System Flow is reduced to _____ gpm *Taken from calculated design flow or true flow reading.*

Fill out B(i) OR B(ii). Provide all information for flow meter section.

i. Calculated Total Dynamic Head Loss	ii. True Flow Using Flow Meter
<p>TDH Calculations <i>(Gauge PSI x 2.31) + (Gauge Hg x 1.13)</i></p> <p>(_____ x2.31) + (_____ x1.13) = _____ ft. head loss</p> <p><i>Design Flow = _____ GPM</i> Provide/attach photograph documentation of pressure gauges after backwash. Provide pump curve documentation. See below for flow meter requirements.</p>	<p>VFD Installed? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, provide information below</p> <p>VFD Mfg./Model: _____</p> <p>Flow Set Point: _____</p> <p><i>True Flow Design Flow after Backwash = _____ GPM</i> Provide/attach photograph documentation of flow meter reading after backwash. See below for flow meter requirements.</p>
<p>For Calculated TDH or True Flow, Flow Meter is Required Installed per Mfg. Instructions and Operable Include photograph documentation of pipe size and inlet/outlet pipe distance.</p> <p>Flow Meter Mfg. and Model: _____</p> <p>Return Pipe Diameter: _____ in.</p> <p>Length of Pipe before Flow Meter: _____ in.</p> <p>Length of Pipe after Flow Meter: _____ in</p>	

2. Main Drain Cover Data **Pool Exempt:** Gravity Fed Drains Built Without

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

Manufacturer _____ Model # _____ VGBA 2008 or 2017

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

2A. Main Drain Sump Information – For sumpless cover, provide *sump dimensions* and *diameter of suction outlet pipe*

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

Diameter of suction outlet pipe in sump _____ *inches* Pipe enters sump through Bottom or Side

Sump Minimum Depth (Distance between top of the outlet pipe to top edge of sump) _____ inches

For New Construction Only:

Manufactured Sump

Mfg: _____ Model # _____

Field Built Sump Certified by Registered Design Professional under ANSI/APSP/ICC 7 and ANSI/APSP/ICC16.



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

Number of skimmers _____ Number of operable skimmer equalizers _____

Are skimmer equalizers permanently disabled per [State Recommendations](#)? YES NO NA

Manufacturer _____ Model # _____ VGBA 2008 or 2017

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

Diameter of equalizer pipe _____ in. Do equalizers require a sump? YES NO If yes, fill out section below.

3A. Equalizer Sump Information – Only required for covers that require a sump

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

Diameter of suction outlet pipe in sump _____ inches Pipe enters sump through Bottom or Side

Sump Minimum Depth (Distance between top of the outlet pipe to top edge of sump) _____ inches

4. **Suction Vacuum Relief System (SVRS)** –

Are drains < 36 in. apart on center or single main drain? Y N If yes, fill out information below.

SVRS manufacturer _____ Model # _____ Date last tested _____

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 vacuum 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 on vacuum line

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 Registered Design Professional or knowledgeable pool professional to assist you in completing the form.

Comments:

Name of Person Completing: _____ Title: _____
(PRINT)

Signature: _____ Date _____

Email: _____ Phone Number: _____

Feb 2022

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 or emailed to katie.rudisill@mecknc.gov or meckpools@mecknc.gov.
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** – Enter the maximum flow from the manufacturer’s pump curve. Attach the pump curve. Various approved pumps can be found on the manufacturer websites. For variable speed pumps, enter the maximum flow at the highest speed. If a flow reduction is requested, attach all required documentation. A functioning flow meter will be required to permit a pool with a flow reduction.
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. Drain sumps shall be compatible with the drain cover installed. For new construction, field-built sumps must be engineer certified.
6. **DRAIN COVER/EQUALIZER DATA** – Enter the manufacturer, model, installation date, expiration date and maximum flow for the main drain cover(s). Attach the manufacturer’s specification sheet for the specific cover installed. 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. SVRS’s must be tested according to mfg. instructions. Provide date of last test.
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 Registered Design Professional (Professional Engineer or Licensed Architect) or knowledgeable pool professional to assist you in completing the form.