

POOL DRAIN SAFETY COMPLIANCE FORMS: A HOW TO GUIDE

Created by:

Katie Wilson

Senior REHS

PUMP TYPE
 Filtration Pump
 Feature Pump



Mecklenburg County Health Department
Pool Drain Safety Compliance Form

HEALTH USE ONLY:

DATE RCD _____
APP DIS _____
INITIALS _____

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.

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 _____ inches (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 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; _____ 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 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 # _____

Name of person completing _____ Title _____

Signature _____ (PRINT) _____ Date _____

Oct 2017

PDSC FORMS

- Available on our website at meckpools.charmeck.org
- Print form, fill out and return to the Health Department at:
700 N Tryon, Suite 208
Charlotte, NC 28202
- Instructions located on back of form



PUMP TYPE

- Filtration Pump
- Feature Pump

**Mecklenburg County Health Department
Pool Drain Safety Compliance Form**

HEALTH USE ONLY:

DATE RCD _____
APP _____ DIS _____
INITIALS _____

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.

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

POOL ID

The Pool ID number can be found on your permit or your application

- It is a 6 digit number beginning with a 5
- You will see it sometimes as 020605xxxxx. You will use the last 6 digits of this number sequence



**Mecklenburg County Health Department
Pool Drain Safety Compliance Form**

PUMP TYPE

- Filtration Pump
- Feature Pump

HEALTH USE ONLY:

DATE RCD _____
 APP _____ DIS _____
 INITIALS _____

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.

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;

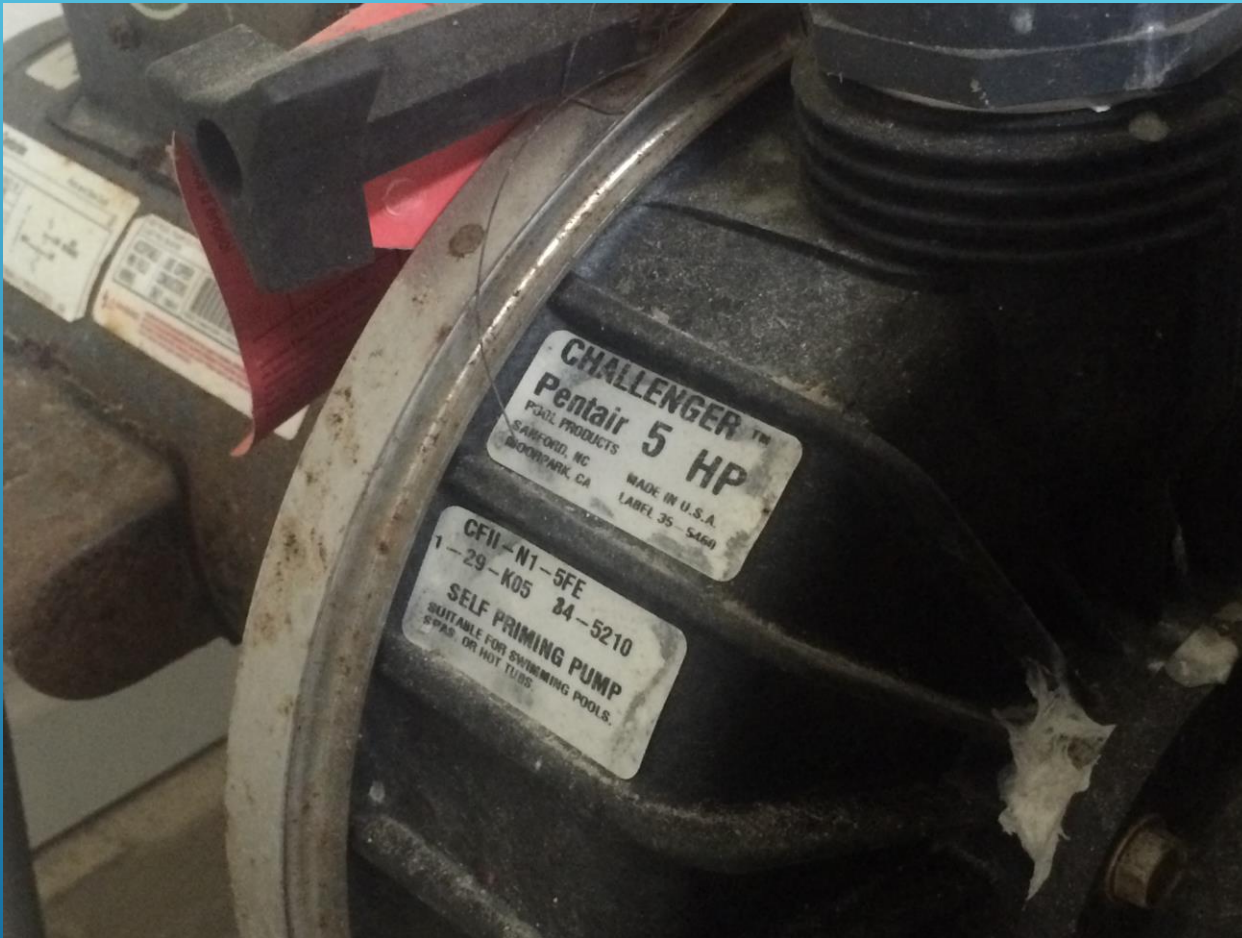
Automatic flow limiting valve factory set at _____ gpm

PUMP SYSTEM FLOW

Pump Manufacturer and Model # are taken off of the pump housing off identification placard.

Model # and Horsepower (HP)

- Found on the information plate located on the pump.
- This is not the same as the model # found on the motor



Manufacturer – Pentair

Model – Challenger

Model # - CFII-N1-5FE

HP – 5 HP

PUMP MODEL REMINDER

The Model Number comes off of the housing...



and **not** the pump motor.





PUMP TYPE
 Filtration Pump
 Feature Pump



Mecklenburg County Health Department
Pool Drain Safety Compliance Form

HEALTH USE ONLY:

DATE RCD _____
 APP _____ DIS _____
 INITIALS _____

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.

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



PUMP SYSTEM FLOW

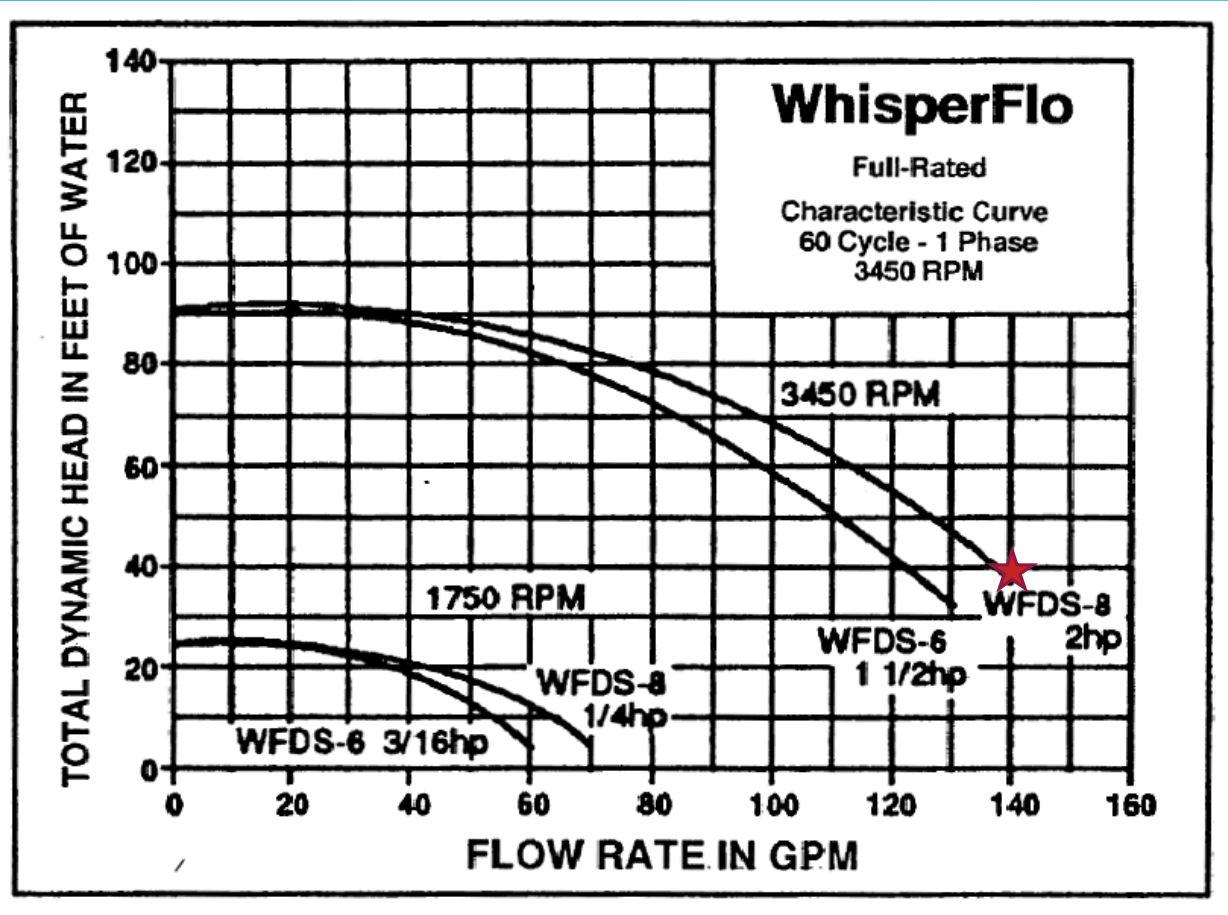
A. Maximum Pump Flow

- Taken off of the pump curve provided by the manufacturer typically available on their website
- Goes off the maximum flow for pump
- Click [here](#) for a document with commonly seen pumps and corresponding pump curves.

PUMP SYSTEM FLOW – MAXIMUM PUMP FLOW

Reading a Pump Curve

- Find the curve for the type of pump provided.
- Trace the line out to the end to find the maximum flow rate.
- The curve to the left is an EXAMPLE of a typical pump curve. Pump curves are specific to each pump.
- Example: The max pump flow for Model WFDS-8 would be 140 gpm.





**Mecklenburg County Health Department
Pool Drain Safety Compliance Form**

HEALTH USE ONLY:

DATE RCD _____
APP _____ DIS _____
INITIALS _____

Facility Name _____ Pool ID# _____

Physical Address _____ City _____ Zip _____

All applicable sections of the form must be completed. Missing or incomplete data or information will result in a DISAPPROVAL of the submission.

1. Pump System Flow

Pump Manufacturer _____ Model # _____ HP _____

(Complete either A or B below, not both)

A. Maximum Pump Flow (manufacturer's specs) _____ gpm based on pump performance curve

B. Maximum Pumping System Flow is reduced to _____ gpm based on either(choose one only):

Measured Total Dynamic Head loss of _____ feet:

Calculated Total Dynamic Head loss of _____ feet:

Magnetic flow meter reading of _____ gpm:

Automatic flow limiting valve factory set at _____ gpm

Must provide supporting evidence for flow reduction

Note: If the pool has more than one type of pump, attach additional sheets with additional pump information.

PUMP SYSTEM FLOW

B. Maximum Pumping System Flow

- A reduction of flow may be required if drains are too small for the pump installed or there are pump room restrictions.
- Calculations must be provided to be approved.

All portions of Section 2 must be completed for form to be approved.



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 _____

DRAIN COVER DATA

Click [here](#) for document on approved drain covers with flow ratings

- **Number of Main Drains:** How many main drains are present in pool for system?
- **Distance Between Drains:** How far between drains measured on center of drain?
- **Drain Cover Manufacturer:** The manufacturer of cover.
- **Model Number:** Comes off the manufacturers sheet or installed drain cover
- **Date Installed:** The day the drains were installed. Month/Date/Year
- **Maximum Flow Rating:** The flow rating for the specific drain installed (gpm)
- **Expiration Date:** Date of expiration from date of install

All portions of drain sump measurements must be completed for approval. For sumpless covers, provide the size of the suction pipe.

DRAIN SUMP MEASUREMENTS

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 Field-Built Sump

Click [here](#) for more information on drain sump measurements.

- **Sump Size:** Provide either circular diameter sump measurements or length by width measurements
- **Sump Minimum Depth:** Measures the minimum sump depth
- **Diameter of the Suction Outlet Pipe:** Provide diameter of suction pipe in drain
- **Distance from Suction Pipe to Bottom of Grate/Cover:** Provide distance measurement
- **Manufactured or Field-Built Sump:** Provide for new construction.

MAIN DRAINS

Lawson Aquatics™ SuperSump™ – 9" X 9"

PART#: MLD-SG-0909

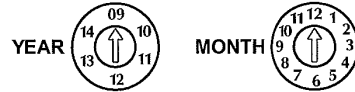
DESCRIPTION: 9"X9" SUMP & SUCTION OUTLET COVER

FLOOR GPM	261	WALL GPM	248	OPEN AREA	42.12 SQUARE INCH
----------------------	------------	---------------------	------------	----------------------	-----------------------------

The above noted product has been certified to comply with section #1404 of the Virginia Graeme Baker (VGBA) Pool & Spa Safety Act. Further information can be obtained by visiting www.lawsonaquatics.com and/or <http://www.lawsonaquatics.com/certification.htm>

DATE OF MANUFACTURE:

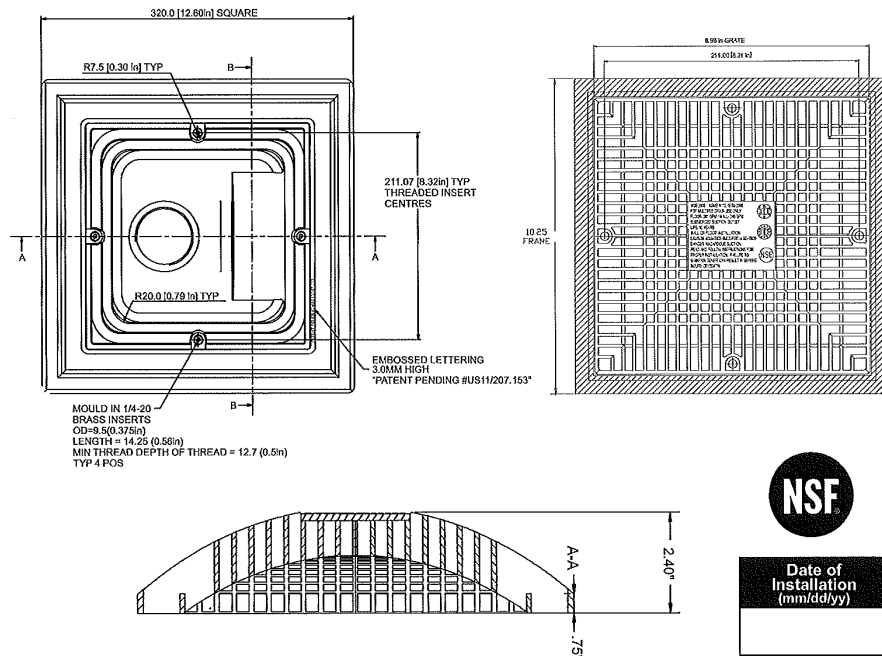
The born-on date will be shown on each product as follows:
The first dial shows the year of manufacture (ex: 2009) and the second dial shows the month of manufacture (ex: December).



Manufactured by Lawson Aquatics Inc. In Guang Dong Province, China,

Manufacturer recommends replacement after 10 years

Tested to ANSI/ASME 112.19.82007(addendum 8a2008) per Section 1404 of the Virginia Graeme Baker Act (VGB) Pool & Spa Safety Act- December 2008
Certified by NSF International, 789 N. Dixboro, Road, Ann Arbor, MI. 48113-0140 USA (USA): 800-NSF-MARK (+1) 734-769-8010.



Date of
Installation
(mm/dd/yy)



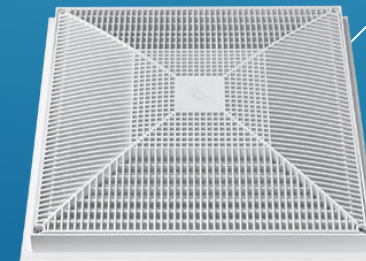
Neptune-Benson™

6 Jefferson Drive, Coventry, RI 02816 • www.neptunebenson.com

P (401) 821-2200 • (800) 832-8002 • F (401) 821-7129


MAIN DRAIN MANUFACTURERS SPECIFICATIONS SHEET EXAMPLE

- **Drain Cover Manufacturer:**
Lawson Aquatics
- **Model #:** MLD-SG-0900
- **Date Installed:** The day the drains were **installed** not the date of manufacture.
Month/Date/Year.
- **Maximum Flow Rating:** 261 gpm
(if drains located on floor)



All portions of Section 3 must be completed for form to be approved.

EQUALIZER COVER DATA



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; _____ gpm (wall) Expiration Date _____


Click [here](#) for information on approved equalizer line covers.

- **If Plugged, how?** Provide information on how plugged. I.e. Plugged on wall and inside skimmer or plugged per State requirements
- **Number of Operable Skimmer Equalizers:** How many skimmer equalizers are present?
- **Equalizer Cover Manufacturer:** The type of covers installed
- **Model #:** Comes off the manufacturers sheet
- **Date Installed:** The day the equalizer line covers were installed. Month/Date/Year
- **Maximum Flow Rating:** The flow rating for the specific equalizer cover installed (gpm)
- **Expiration Date:** The day the cover expires from date of install.

Only required if equalizer line covers installed are required to have a sump. Skip if a sumpless cover.

EQUALIZER SUMP MEASUREMENTS

Click [here](#) for more information on drain sump measurements.



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

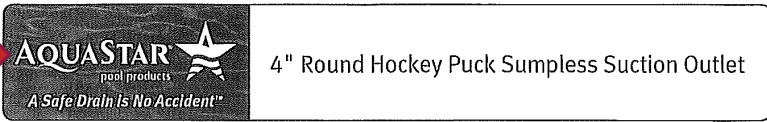
Sump Size – Circular Diameter: _____ Inches – or – Rectangular Dimensions: _____ inches by _____ inches

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

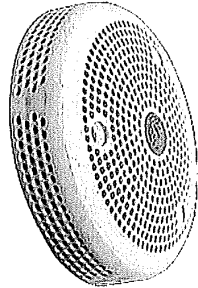
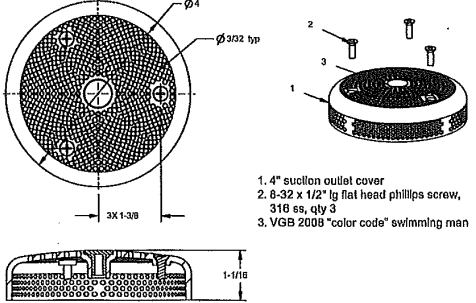
Distance of top (inside) of suction outlet pipe from bottom of cover/grate _____ inches

Manufactured Sump Field-Built Sump

- **Sump Size:** Provide either circular diameter sump measurements or length by width measurements
- **Sump Minimum Depth:** Measures the minimum sump depth
- **Diameter of the Suction Outlet Pipe:** Provide diameter of suction pipe in drain
- **Distance from Suction Pipe to Bottom of Grate/Cover:** Provide distance measurement
- **Manufactured or Field-Built Sump:** Provide for new construction.



4" Round Hockey Puck Sumpless Suction Outlet

VGB Series Product Specification Sheet	The AquaStar line of suction outlet covers, compliant with the new Virginia Graeme-Baker Pool and Spa Safety Act (ASME/ANSI A112.19.8a-2008)
Features For single or multiple drain use in gunite, steel, vinyl, fiberglass and tile pools and spas (see installation instructions) Single Floor/wall: 56 GPM at 3.5 fps Floor/wall: 24.4 GPM at 1.5 fps 5.2 square inch opening No sump required Trademarked VGB compliance button easily identifies VGB 2008 compliant cover from on deck and underwater #316 stainless steel screws, qty 3 for brass inserts Manufactured from superior UV-resistant engineered polymers All components meet or exceed NSF 50/ASME/ANSI A112.19.8a-2008 national standards and ASTM G154 UV testing exposure Easily and safely retrofits to many HydroAblitt parts Listed with IAPMO R&T See page 2 for 6 different base plates that are sold separately, available for sumpless connections to 1022", 1.5" female adapters, 1.5" and 2" inside and outside slip and threads 25 per case	 <p>NEW! Ideal for fiberglass and all sumpless configurations.</p> <p>Part # 4HPxxx</p>
Part Numbers / Colors <input type="checkbox"/> 4HP101 White <input type="checkbox"/> 4HP102 Black <input type="checkbox"/> 4HP103 Lt. Gray <input type="checkbox"/> 4HP104 Blue <input type="checkbox"/> 4HP105 Dk. Gray <input type="checkbox"/> 4HP106 Bone <input type="checkbox"/> 4HP107 Taupe <input type="checkbox"/> 4HP108 Tan VGB 2008 Compliant	 <p>1. 4" suction outlet cover 2. 8-32 x 1/2" lg flat head Phillips screw, 316 ss, qty 3 3. VGB 2008 "color code" swimming man</p>
P 877-768-2717 F 877-276-POOL P Outside the US: +1-949-459-1202 Info@aquastarpoolproducts.com www.aquastarpoolproducts.com	




EQUALIZER LINE COVER MANUFACTURERS SPECIFICATIONS SHEET EXAMPLE

- **Equalizer Cover Manufacturer:** Aquastar
- **Model #:** 4HP101
- **Date Installed:** The day the equalizer line covers were installed not the manufacture date. Month/Date/Year
- **Maximum Flow Rating:** 56 gpm (if located on wall)



SUCTION VACUUM RELEASE SYSTEM

Only applicable for single main drains or if drains are less than 3 ft apart



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

SVRS manufacturer _____ Model # _____

Name of person completing _____	Title _____
(PRINT)	
Signature _____	Date _____

Oct 2017

StingL SR-500



VAC-Alert VA-2000S



SUCTION VACUUM RELEASE SYSTEMS

Before submitting paperwork, assure person completing form has signed and dated the PDSC form.

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

SVRS manufacturer _____ Model # _____

Name of person completing _____ Title _____

(PRINT)

Signature _____ Date _____ Oct 2017



FOR ANY ADDITIONAL QUESTIONS
CONTACT KATIE WILSON OR TIM DUTCHER

Katie Wilson – 704.309.5494

Tim Dutcher – 980.314.1631

