

Pool Drain/Suction Compliance Form



PUMP TYPE

Filtration Pump Feature/ Jet Pump

Has the pump been serviced(disconnected from power) or changed out in last 12 months? Yes No

DATE _____
APP _____
DIS _____
INITIALS _____

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 and Pump Curve	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></p> <p>Provide/attach photograph documentation of pressure gauges after backwash. Provide pump curve documentation. See below for flow meter requirements.</p> <p>Type of Flow Meter/Model: _____</p>	<p>Type of Flow Meter/Model: _____</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></p> <p>Provide/attach photograph documentation of flow meter reading after backwash. See below for flow meter requirements.</p>
<p align="center">For Calculated TDH or True Flow, Flow Meter is Required Installed per Mfg. Instructions and Operable</p> <p align="center">Include photograph documentation of pipe size and inlet/outlet pipe distance.</p> <p align="center">Return Pipe Diameter: _____ in.</p> <p align="center">Length of Pipe before Flow Meter: _____ in.</p> <p align="center">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 # _____ Date Installed _____

VGBA approval _____ 2008 or _____ 2017 Max flow of cover/grate _____ gpm (floor); _____ gpm (wall)

Cover(s) location in pool _____ Walls or _____ Floor Date installed _____ Life span _____ Expiration Date _____

2A. Main Drain Sump Information – Is drain cover sumpless? Yes No For sumpless cover, provide *sump dimensions* and

diameter of suction outlet pipe Sump Diameter – Circular: _____ " – or – *Rectangular Dimensions:* _____ "x _____ "

Sump minimum depth _____ " *Diameter of suction outlet pipe in sump* _____ "

Sump manufacturer and model _____ OR Field Built Sump Certified by Registered Design Professional
Pipe enters through BOTTOM _____ SIDE _____ under ANSI/APSP/ICC-7 2013 Section 4.3.1.2.

Distance between highest point of outlet pipe and top edge of sump _____ "

Sump dimensions _____

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

Number of operable skimmer equalizers _____ Equalizers disabled per [State Recommendations](#)? YES NO NA

Manufacturer _____ Model # _____ Life span _____ Date Installed _____

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

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

For sumpless 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

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 # _____

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 qualified engineer or pool professional to assist you in completing the form.

Comments:

Name of Person Completing: _____ Title: _____ (PRINT)
Signature: _____ Date _____
Email: _____ Phone Number: _____

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 uploaded using Open Gov link: <https://chathamcountync.viewpointcloud.com/categories/1081>
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
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. 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>