



# GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

991 West Hudson Boulevard • Gastonia, North Carolina 28052  
704-853-5200 • [www.gastonhhs.org](http://www.gastonhhs.org)

## Pool Drain Safety Compliance Data Sheet

Name of the Pool:

Address for the Pool:

E-mail

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### Pump System Flow

Pump Manufacturer:

Model Number:

Maximum Pump Flow (manufacturer's specifications) in gallons per minute:

Measured Total Dynamic Head loss of \_\_\_\_\_ feet.

Maximum Pumping System Flow is reduced to \_\_\_\_\_ gpm based on:

Calculated Total Dynamic Head loss of \_\_\_\_\_ feet.

Magnetic flow meter reading of \_\_\_\_\_ gpm.

Automatic flow limiting valve factory set at \_\_\_\_\_ gpm.

Provide supporting evidence for flow reduction.

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### Drain Sump Measurements

Sump width; round \_\_\_\_\_ inches diameter;

rectangle \_\_\_\_\_ inches

x \_\_\_\_\_ inches

Sump minimum depth \_\_\_\_\_ inches

Diameter of outlet pipe to pump \_\_\_\_\_ inches

Distance to top (inside) of outlet pipe from bottom of cover/ grate \_\_\_\_\_ inches.

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**Drain Cover/ Grate Data**

Number of drains on same pumping system \_\_\_\_\_ Distance between drains (on centers)

Cover/ Grate Manufacturer Model

Maximum flow rating of cover/ grate \_\_\_\_\_ gpm (floor); \_\_\_\_\_ gpm (wall)

Date drain cover/ grates installed: Expiration date:

Number of operable skimmer equalizers:

Equalizer Fitting Manufacturer: Model of Equalizer:

Equalizer fitting maximum flow rating: Date Equalizer Cover/ Grate Installed:

Expiration Date:

Full Name of Person providing this information:

Signature: Date: