



## Swimming Pool Compliance Form -- Residential and Facility Owner's Form

### VGB Act Compliance and KCHD Best Practices

\*Complete a form for each pump at the facility. Attach drain cover certification documentation (Lab Listing/P.E. Report)

#### PART I — POOL MANAGEMENT INFORMATION

Provided By (Print full name)		Report Date	
Signature		*Report Number	_____ of _____
Email Address		Phone Number	
Facility Name		Facility Permit ID	
Facility Address		Facility Phone #	
		Facility Contact	

#### PART II — POOL/SPA/PUMP INFORMATION

Pool Location		Location Type	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Pool Type	<input type="checkbox"/> Wading Pool <input type="checkbox"/> Spa <input type="checkbox"/> Hot Tub <input type="checkbox"/> Pool	Other Pool	
System Type	<input type="checkbox"/> Filtration <input type="checkbox"/> Spa Jets <input type="checkbox"/> Slide <input type="checkbox"/> Feature	Other Type	
<b>Design GPM</b>	(Turnover, feature spec, etc.)	<b>Flow Meter GPM</b>	
Pump Make		Measured TDH	
Pump Model/HP		Pump Curve GPM	

#### PART III — DRAIN COVERS

Drain Cover Manufacturer(s):							
Drain Cover	Drain Cover Model / Life in Years	Date Installed (M/Y)	Manufacturer Specified Sump Depth	Installer Measured Sump Depth	Installed Orientation	Orientation Flow Rating	<b>Total System Flow Rating</b>
1					<input type="checkbox"/> Floor <input type="checkbox"/> Wall		
2					<input type="checkbox"/> Floor <input type="checkbox"/> Wall		
3					<input type="checkbox"/> Floor <input type="checkbox"/> Wall		
4					<input type="checkbox"/> Floor <input type="checkbox"/> Wall		
5					<input type="checkbox"/> Floor <input type="checkbox"/> Wall		
6					<input type="checkbox"/> Floor <input type="checkbox"/> Wall		
7					<input type="checkbox"/> Floor <input type="checkbox"/> Wall		
8					<input type="checkbox"/> Floor <input type="checkbox"/> Wall		

Note: VGB Act Total System Flow Ratings – for "Blockable" drain systems = sum of all flow ratings, minus the flow rating of one cover with the highest orientation flow rating; for "Unblockable" drain system systems = sum of all drain cover flow ratings

## PART IV — SINGLE DRAIN SYSTEMS

1) Single Drain System:  Yes  No Is this an "Unblockable" drain with a Sump Opening that can not be shadowed by the 18" x 23" Blocking Element of ANSI/APSP 16 - 2011?  Yes  No. (If no, go to next section)

2) Multi-Drain System:  Yes  No Are two of the multi-drain system covers at least three (3) feet apart measured center to center, or located on different planes, such as floor and wall?  Yes  No. (If no, got to next section)

### Select Secondary Device or System that is installed

Safety Vacuum Release System (SVRS) compliant with ASME/ANSI A112.19.17 or ASTM F2387  
 Manufacturer Name and Model Number:

Suction-Limiting Vent System:

Gravity Drainage System:

Automatic Pump Shutoff System — Manufacturer Name and Model Number:

Drain Disablement — Describe how this was accomplished:

## PART V — SKIMMER EQUALIZER LINES

1) Are equalizer lines disabled?  Yes  No (If no, go to next question)

2) Do equalizer lines have VGB-2008 drain covers that cannot be removed without tools?  Yes  No  
 (If yes, provide the following information. If no, additional work is required to bring pool into VGB Act compliance.)

Provide manufacturer name and model number: \_\_\_\_\_

Provide installation date (month/year): \_\_\_\_\_

### Drain Cover Location Map

(Use Section III drain cover item number to mark approximate location)

