



Environmental Health Division – Aquatic Health Program

Email: aquatic@snhd.org | Phone: (702) 759-0572

Suction Outlet Fitting Assembly (SOFA) Worksheet
(One worksheet required per aquatic venue)

Recent changes to the *American National Standard for Suction Outlet Fitting Assemblies (SOFA) for Use in Pools, Spas, and Hot Tubs*, ANSI/APSP/ICC-16 2017, have resulted in new testing procedures to determine the maximum allowable flow rate through the SOFA/drain cover. Southern Nevada Health District 2018 Aquatic Facility Regulations section 2-502.5 requires flow rates to comply with the APSP-16 standard.

Instructions:

- This worksheet is required for all SOFA replacements, including VGB 2008-listed models
- If a SOFA is being replaced, this worksheet must be submitted prior to the scheduled review date. **Submission and approval must occur prior to the start of work**
- Once plumbing and sump configuration have been determined and a SOFA has been selected for the system*, fill out the fields below. All fields are required. Incomplete or missing information will result in delays
- Plumbing and sump configurations that have not been tested/listed to the appropriate standard will not be approved
- **The applicant is responsible for ensuring that all installation requirements are met**

**The maximum flow potential of the pump and operating flow rate must be determined prior to selecting a SOFA*

Inspections:

- A plumbing inspection will be conducted to verify sump depth and pipe size.
- A final inspection will be required unless the scope of work is limited to SOFAs and the pump maximum potential flow is less than the rating of the SOFA. In these cases, photos may be accepted in lieu of the final inspection.

SOFA Configuration:

- SNHD review is limited to plumbing configuration, pipe size, and sump depth. Refer to manufacturer installation instructions/VGBA certified documents for specific installation requirements
- For sumps with more than one pipe, ensure minimum sump depth is based on the pipe size with the deepest sump requirement

Suction System:

Model #		Max Flow Rating	GPM	
Location		SOFA Quantity		
# of ports		Min Sump Depth	in	

	Port 1	Port 2	Port 3	Port 4
Pipe size				
Port location				
Pump model				
Pump maximum potential flow				
Pump actual flow				



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Pump maximum potential flow				
Pump actual flow				

***Attach additional sheets as necessary to describe any information not listed above**

I, the undersigned, as a representative of the permit holder/applicant, understand and agree to be held to the conditions/responsibilities as provided in this document:

Name, Print: _____ Signature: _____

Title: _____ Company: _____

Date: _____ Aquatic Venue Name: _____