

Montgomery County Department of Health and Human Services

Licensure & Regulatory Services

255 Rockville Pike, Suite 100; Rockville, Maryland 20850 Phone: 240-777-3986 Fax: 240-777-3088

EQUALIZER LINE COVER REPLACEMENT APPLICATION FOR COMPLIANCE WITH VIRGINIA GRAEME BAKER POOL AND SPA SAFETY ACT

Complete a separate form for <u>Each Pool</u> at a facility (such as a wading pool, spa, leisure pool, or spray pool) prior to scheduling any pre-opening inspection for the 2010 season.

Name of Facility:				
Address of Facility:				
Name & Company of Pool Profession	nal:			
Address:				
Telephone No.:	_ Fax No:	Emai	l:	
1. Pool: Main Pool Wading	Pool 🗌 Spa 🗀 🤅	Spray Pool 🔲 Therap	oy Pool Other	
2. Location of Pool ☐ Indoor ☐ 0	Outdoor			
3. Number of Surface Skimmers if	Present:	Gutter pool		
4. Equalizer Line Cover Informatio	n:			
Make:	Model:_		Size:	_
Cover Location:F	loor:Wall:	Both:		
Base Plate:	New:	Existing: (Make	Model_)
A temporary variance may be gr The equalizer line is perman The equalizer line eneming in	ently disabled.	_	et:	
2. The equalizer line opening, i 3. The pool water level will no				
All temporary variance reques AND this application at the sar		signed, and dated on	separate paper. Sul	bmit the request
I hereby certify that the above-refere Act (VGB) and the above information				
Owner's Signature		Printed Name / Date		
Pool Professional's Signature		Printed Name / Date		
ApprovedDenied	Environme	ntal Health Specialist		 ate
FEE: ONE TIME REVIEW FEE FOR EACH POOL FACILITY is \$115.00				
		E USE ONLY		
Receipt No.:		Date I	ssued:	
Amount Paid: \$		Date Expires:		
Check/Money Order No.:		Record No.:		