PUBLIC SWIMMING POOL AND SPA FACILITY REVIEW FORM FOR COMPLIANCE WITH THE VIRGINIA GRAEME BAKER POOL AND SPA SAFETY ACT

Complete a form for each pump at a facility (such as the pump for a circulation system, a hydrojet, or a water feature)

TODAY’S DATE: ____________________

☐ New  ☐ Renewal  Fee: $260 per facility (renewal only)

Name of Facility: ___________________________________________________________________________________
Address of Facility: _________________________________________________________________________________
Name & Company of Pool Professional: ________________________________
Address: _________________________________________________________________________________________
Telephone No.: _________________ Fax No.: ___________________ Email: __________________________________

1. Pool:  □ Main Pool  □ Wading Pool  □ Spa  □ Spray Pool  □ Therapy Pool  □ Water Recreation Attraction
☐ Other: __________________________ Min. Required Flow Rate: ______________

2. Feature (if applicable):  □ Spray Feature  □ Slide  □ Water Feature  □ Hydrojet  □ Other: ___________________

3. Type of Pool:  □ Indoor  □ Outdoor  Volume of Pool or Spa (in gallons): _________________________________

4. Make, Model Number, and Horse Power of Pump: ___________________________________________________

5. Maximum Flow Rate Through the Main Drain or Suction Outlet System:

   Field tested maximum flow rate the system can attain with surface skimmer/gutter line valve(s) closed (gpm): ________
   OR Indicate the estimated maximum flow rate for this system based on the pump curve or the hydraulic or field tested calculations (gpm): ______________ Submit calculations with this form.

   Maximum flow rate the system can attain with clean filters and all valves open, if applicable (gpm): ______________

6. Existing Suction Outlets (for the indicated pump) Location and Number:  □ Wall  □ Floor  □ Separate Planes
   Number of Suction Outlets: _________

7. Anti-entrapment device/system in use to comply with the Virginia Graeme Baker Pool & Spa Safety Act and COMAR 10.17.01 (check one):

   □ At least two suction outlets that are hydraulically balanced and spaced a minimum of 3 feet from edge to edge
   □ Suction outlet covers less than 12” X 12” in area are anti-vortex
   □ Gravity drainage system:  □ Dual drain  □ Single drain
   □ Unblockable drain that is a minimum 18” X 23” in area and a:  □ Dual Drain  or a  □ Single Drain

Montgomery County Department of Health and Human Services
Licensure and Regulatory Services
2425 Reedie Drive, 9th Floor, Wheaton, MD 20902
Phone: 240-777-3986  Fax: 240-777-3088 or 240-777-4531
www.montgomerycountymd.gov/licensure

Revised on 1/28/2021
8. Proposed Suction Outlet Cover(s): Submit compliance verification or field testing by a registered design professional in accordance with ASME/ANSI A112.19.8-2007. **Number of Covers:** __________________

**Frame Make and Model Number:** __________________  **Size of Cover:** ______________

**Location:** □ Wall □ Floor □ Separate Plans  **Designed Maximum Flow Rate (gpm):** ______________

**Maximum flow rate through each outlet cover:** Max Flow Rate X (2 / no. of drain covers) = ______________

**Installation Date:** __________________________________  **Lifespan of Cover (years):** ______________

9. Sump/Pot:

- **Existing:** □ Manufactured  OR □ Field Fabricated

- **New Installation:** □ Manufacturer: Make and Model: __________________________________

- □ Sump/Pot is field fabricated. The depth, width, and length are as indicated below:
  - Depth: ______________
  - Width: ______________
  - Length: ______________

- Clearance between the bottom of the cover and the opening of the suction outlet pipe (inches): ______________

- Interior diameter of suction outlet pipe (inches): ______________

**Installation meets manufacturer’s instructions for the cover and frame specified above:** □ Yes □ No

I hereby certify that the above-referenced pool or spa complies with the Virginia Graeme Baker Pool and Spa Safety Act (VGB) and the above information is correct

(Signature of facility owner and a pool professional are both required)

Owner’s Signature  Title

Printed Name  Date

Pool Professional’s Signature  Title

Printed Name  Date

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**OFFICE USE ONLY**

Receipt No.: ___________________  Date Received: ______________  Amount Paid: _______  Staff Initials:_____

Check/Money Order No.: ___________________  Credit Card Approval Code (MC/VISA): ___________________

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Submit completed application and fee to address above. CASH NOT ACCEPTED. Checks/Money Orders payable to: “Montgomery County, Maryland”.

**Payment Method (select payment method):**

- □ Check  or  □ Money Order
- □ Visa  or  □ Mastercard Only (complete information below)

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**CREDIT CARD PAYMENT SECTION**

Credit Cardholder’s Name: ___________________  Credit Card No: ___________________

Exp. Date: __________  3 Digit Security Code: _______  Amount: $________

**I agree to pay the above total amount according to the card issuer agreement:**

Cardholder’s Signature: ___________________

Revised on 1/28/2021