



**Montgomery County Department of Health and Human Services**  
**Licensure and Regulatory Services**  
 2425 Reedie Drive, 9<sup>th</sup> Floor, Wheaton, MD 20902  
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[www.montgomerycountymd.gov/licensure](http://www.montgomerycountymd.gov/licensure)

**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
- Single suction outlet with ASME/ANSI A112.19.17 or ASTM-F2387 compliant Safety Vacuum Release System (SVRS). SVRS Make and Model: \_\_\_\_\_
- 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

**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

**OFFICE USE ONLY**

Receipt No.: \_\_\_\_\_ Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 Check/Money Order No.: \_\_\_\_\_ Credit Card Approval Code (MC/VISA): \_\_\_\_\_

**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)

**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: \_\_\_\_\_