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 for renewal only

Name of Facility: ____________________________

Address of Facility: ____________________________

Name & Company of Pool Professional: _________________________

Address: ________________________________________

Telephone No.: __________ Fax No.: __________ Email: __________


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

Revised on 2/16
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

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

**Payment Method (select payment method):** □ Check  OR  □ Money Order

□ Visa  OR  □ Master Card Only (complete information below)

---

OFFICE USE ONLY

Receipt No.: _______________  Date Received: _______________  Amount Paid: __________  Staff Initials: ______

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

---

CREDIT CARD PAYMENT SECTION (confidential fax line for credit card payment: 240-777-4531)

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 2/16