



Montgomery County Department of Health and Human Services
Licensure and Regulatory Services
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 Phone: 240-777-3986 Fax: 240-777-3088
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 for 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) = _____

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: _____