



Montgomery County Department of Health and Human Services

Licensure & Regulatory Services

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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)

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 (gpm), if applicable: _____

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

[] A channel drain system that is at least 3 feet edge to edge or an unblockable drain that is a minimum 18" by 23" in perimeter

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 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

10. Existing Equalizer Lines: Temporarily Disabled Equalizer Lines (all items required):

Facility will comply fully by installing approved covers by June 1, 2010;

All equalizer lines are disabled by plugging the equalizer suction line inside the skimmer pot; **and,**

All equalizer lines have covers that are in good condition and cannot be removed without the use of tools.

Interim Compliance Variance: Specify why compliance cannot be met by December 19, 2008 or by the 2009 opening date and the anticipated date of compliance (include any supporting information with this form):

_____; **AND,**

Explain the interim measures in place that will protect the public health and safety: _____

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

The repair or alteration plan is approved provided an on-site inspection is conducted by this office and approval is obtained prior to operation. Contact this office to schedule a: _____ **compliance inspection after installation before filling the pool/spa or, a _____ pre-opening inspection before operating.**

The Interim Compliance Variance is approved provided the pool/spa is VGB compliant by: _____

Environmental Health Specialist _____
Date

FEE: ONE TIME REVIEW FEE FOR EACH POOL FACILITY is \$115.00

OFFICE USE ONLY

Receipt No.: _____	Date Issued: _____
Amount Paid: \$ _____	Date Expires: _____
Check/Money Order No.: _____	Record No.: _____