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
☐ 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

<table>
<thead>
<tr>
<th>OFFICE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt No.:</td>
</tr>
<tr>
<td>Amount Paid:</td>
</tr>
<tr>
<td>Check/Money Order No.:</td>
</tr>
</tbody>
</table>