

New Suction Outlet Cover(s) Provide documentation that cover complies with ASME/ANSI A112.19.8-2007. For custom or large grating, attach verification of field testing by a Registered Design Professional in accordance with ASME/ANSI A112.19.8-2007.

Make & Model _____

Flow Rate: (gpm) _____ Wall Floor Separate Planes Size of Cover _____

Sump/Pot New Installation or Existing Sump/Pot

Manufactured (check one)

Make & Model _____

Unknown make and model

Specify Dimensions: _____

OR Field fabricated, specify dimensions _____

Meets the manufacturer's installation instruction for the cover specified above: Yes No

Clearance between the cover and the suction outlet pipe (inches) _____

Interior diameter of suction outlet pipe (inches) _____

Maximum anticipated flow rate through the grate (gpm) _____

New Equalizer Line Covers: Provide documentation that the cover complies with ASME/ANSI A112.19.8-2007.

Make & Model _____

Flow Rate: (gpm) _____ Wall Floor Size of Cover _____

Or

Temporary Disablement of 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 are provided with a cover that is in good condition and cannot be removed without the use of tools.

Or

The above work was/will be completed by: December 19, 2008 or the 2009 opening date

The facility is requesting approval of a Compliance Schedule that includes interim safety measures and a **completed Compliance Schedule Application is attached.**

Form must be signed by the facility owner and a Pool Professional.

I hereby certify that the above-referenced swimming pool or spa complies with the Virginia Graeme Baker Pool and Spa Safety Act and the above information is correct.

Owner's Signature _____ Print Name _____

Title _____ Date _____

Pool Professional Signature _____ Print Name _____

Title _____ Date _____

For DHMH Use Only:

Review Form #: _____ VGB _____

The above **repair** is approved, contact your local Environmental Health Department for inspection.

The above **alteration** plan is approved for construction, contact _____ at _____ to schedule your final construction inspection.

Sanitarian Signature _____ Date _____