

Pool and Spa Main Drain Grate/Cover Retrofits

Pool or Spa Name _____

CHD Assigned Permit Number: ____-60-_____

Pool Address/City _____

Business Hours Contact Phone (_____) _____

Owner Email Address _____

Owner Name (print): _____

Licensed Pool Contractor shall complete the following:

Manufacturer of Replacement Main Drain Grate/Cover _____

Model Number- _____ Flow rating- _____ Open Area: _____

Pool or Spa uses a main drain with Direct Suction ____ or Gravity Drainage ____

I, _____, have replaced the main drain grate/cover in the pool listed above with the grate/cover identified above, to be in compliance with ASME/ANSI A112.19.8. I have installed it in accordance with the manufacturer's instructions. It is in compliance with Florida's public pool code, Chapter 64E-9, FAC, for minimum flow and velocity.

Signature of Pool Contractor, FL license number,

For CHD Use Only:

Grate/Cover is listed on DOH website for approved drain covers Yes No N/A

Grate/Cover achieves design flow requirements of pool Yes No

Based upon the information provided above and the review of the web page DOH approval list on ____/____/____, this Grate/Cover is/is not in compliance with the FL pool code.

Signature of DOH Authority,

Printed Name

DOH = Florida Department of Health

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