

## 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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