

## Pool or Spa Main Drain Grate/Cover Retrofits

Pool or Spa Name \_\_\_\_\_

CHD Assigned Permit Number: 31-60-\_\_\_\_\_

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, FACE, for minimum flow and velocity.

Date of Installation: \_\_\_\_\_ Expiration Date (if known): \_\_\_\_\_

\_\_\_\_\_  
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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