

Vineland Health Department
640 E. Wood St., P.O. Box 1508, Vineland, NJ 08362-1508

Pool/Spa Main Drain Cover Replacement Form
For Compliance with The Virginia Graeme Baker Pool & Spa Safety Act

Date			
Permit #	_____ N/A		
Facility Name			
Address			
City		County	
Zip			
Contact person			
Phone #			
Fax #			
E-mail			

Pool/Spa Location	_____ Indoor	_____ Waterpark	_____ Outdoor	_____ Waterpark
Pool/Spa Type	<input type="checkbox"/> Swimming pool <input type="checkbox"/> Spray Pool <input type="checkbox"/> Slide Catch Pool		<input type="checkbox"/> Wading Pool <input type="checkbox"/> Spa/Hot tub <input type="checkbox"/> Other	
Number of Drain Covers Replaced	___ 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ Other ___			
Shape and Dimensions of Drain Covers(s)	_____" Round _____" Square Other _____			
Make and Model Number of Cover(s)				VGB Compliant <input type="checkbox"/> Yes <input type="checkbox"/> No
Covers obtained from and Installed by whom				
<u>Date of Installation</u>	<u>Secondary Back-up system installed</u>			
	<input type="checkbox"/> Yes <input type="checkbox"/> No		Type _____	
<u>Cover Expiration Date</u>	<u>Cover flow rate</u>	<u>Sump size and type</u>		
	_____ gpm			
<u>Dual Main Drains</u>	<u>Single Main Drain</u>	<u>Equalizer outlets and #</u>	<u>Alteration of existing system</u>	
_____	_____	_____ N/A _____ #	_____ Yes _____ No	

I, _____, have replaced the drain grate/cover in the pool/spa listed above and properly installed the drain grate/cover identified above, to be in compliance with ASME/ANSI A112.19.8-2007 and the VGBPSSA. I also verify that the statements made in this form are true and correct and sworn to not be falsified to authorities.

 Signature of Pool Owner/Operator Date