

Pool and Spa Main Drain/Cover Retrofits

Pool or Spa Name _____

CHD Assigned Permit Number: 36 - 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 _____

_____	_____ fps	_____ sq.in.	_____ gpm
Model Number	Flow rating	Open Area	Designed Recirculation Flow Rate of Pool

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 Florida pool code.

Signature of DOH Authority

Printed Name

DOH = Florida Department of Health

Please fax completed form to:

Environmental Health @ 239-690-2101 or
Environmental Engineering @ 239 274-2201