



Pool and Spa Main Drain Grate/Cover Retrofits

Pool/Spa Information	
Pool or Spa Name	
Permit Number (CHD Assigned)	46-60- _____
Pool Address	_____ _____, FL _____
Business Hours Contact Phone	(_____) _____ - _____
Owner Email Address	
Owner Name (print)	

Licensed Pool Contractor shall complete the following:	
Manufacturer of Main Drain Grate/Cover Replacement	
Model Number	
Flow rating	
Open Area	
Date Installed	___ / ___ / ___
Pool or Spa uses a main drain with: <i>(circle one)</i>	<input type="checkbox"/> Direct Suction <input type="checkbox"/> Gravity Drainage
<p>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.</p>	
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	
<p>Based upon the information provided above and the review of the web page DOH approval list on ___ / ___ / ___ , this Grate/Cover <u>IS / IS NOT</u> in compliance with the FL pool code.</p>			
Signature of DOH Authority			
Printed Name			