

Pool and Spa Main Drain Cover Replacement

(please complete all items before submitting)

1 Pool or Spa Name _____

2 CHD Assigned Permit Number: 36-60-_____

3 Pool Address/City _____

4 Business Hours Contact Phone (_____) _____ FAX: _____

5 Owner Email Address _____

6 Owner Name (print): _____

Licensed Pool Contractor shall complete the following:

7 Manufacturer of Replacement Main Drain Cover _____

8 _____ fps _____ sq.in. _____ gpm
Model Number Flow rating Open Area Permitted Flow Rate
of Pool/Spa

9 Pool or Spa uses a main drain with Direct Suction _____ or Gravity Drainage _____

10 I, _____, have replaced the main drain cover in the pool listed above with the 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.

11 Installation Date: _____ # of Covers installed: _____

12 _____
Name of Certified Pool Contractor FL license number

13 _____
Signature of Certified Pool Contractor FAX Number

This Section For DOH Use Only:

Based upon the information provided above and the review of the DOH approved cover web page, this Main Drain Cover is in compliance with the Florida pool code, and meets the design flow requirements on file for this pool/spa.

Approved By: _____ Date: _____

Signature of DOH Authority

EH Calculated velocity _____ fps (<1.5)

DOH = Florida Department of Health

Please fax completed form to:

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

Main Drain Cover Completion Directions

- Blank 1 Enter the name of the Pool or Spa. This can be found on permit or most recent inspection.
- Blank 2 Enter the permit number of the Pool or Spa. This can be found on permit or most recent inspection.
- Blank 3 Enter the physical address of the pool or spa.
- Blank 4 Phone number of the person who is submitting the form.
- Blank 5 E-mail address of the owner of the pool. (Owner information can be found on the permit or most recent inspection)
- Blank 6 Enter the name of the owner of the pool. (Owner information can be found on the permit or most recent inspection)
- Blank 7 Enter the name of the Manufacturer of the Main Drain Cover.
- Blank 8 Enter the model number, the flow rating, the open area of the cover in square inches, (can be found on product information sheet found in the box) and the flow rate of the pool or spa (can be found on most recent inspection or permit)
- Blank 9 Check whether the pool or spa is Gravity or Direct Suction
- Blank 10 Enter the name of the person who installed the cover.
- Blank 11 Enter the date that the cover was installed on.
- Blank 12 Enter the name and Florida license number of the certified pool contractor who installed the cover or verified that the cover was installed correctly.
- Blank 13 Signature of the Pool Contractor.