



Pool Main Drain Cover Replacement Form
For Compliance with Michigan Public Swimming Pool Rules and the Federal VGB Act

Date:			
SP Number:	(XX-XXXX-XX, found on the pool license, license application, or an inspection report)		
Pool Name:			
Address:			
City, State, Zip:			
Contact Person:			
Phone:			
Fax:			
E-mail:			
Pool Location:	Indoor <input type="checkbox"/>	Outdoor <input type="checkbox"/>	Combination <input type="checkbox"/>
Pool Type:	Swim <input type="checkbox"/>	Wade <input type="checkbox"/>	Spa <input type="checkbox"/> Other <input type="checkbox"/> _____
Pool Surface Area (square feet):			
Pool Volume (gallons):			
Filtration Flow Rate (gallons per minute):			Spa Therapy Flow Rate (gpm) (Use 100 gpm if not known):
Number of Existing Drains:	(A minimum of two suction fittings, three feet apart is required for each pump.)		
Shape and Dimensions of Existing Drain Covers:	6" round 8" round 10" round	9" x 9" square 12" x 12" square 18" x 18" square	Other (describe)
Make, Model Number, and Open Area of Proposed Replacement Covers:	(Drain covers must be certified and have a total open area sufficient to assure flow velocities of not more than 1 foot per second)		
Covers Obtained from and Installed by:			
Expected Installation Date:			
DEQ Approval:			

This form is used to determine if a proposed set of replacement suction fittings will meet the requirements of the Public Swimming Pool Rules, specifically R 325.2142 (Rule 42). Rule 42 requires main drains and other outlet covers to have a total open area sufficient to assure flow velocities of not more than 1 foot per second.

It is our understanding that the federal Virginia Graeme Baker Pool & Spa Safety Act of 2007 requires covers certified to ANSI/APSP-16 (the successor standard to ANSI/ASME A112.19.8). Providing certified drain covers without changing the attachment frame and/or drain sump may not fully comply with this standard. If the proposed covers are both certified and meet the Michigan flow velocity requirements, then the installation will be approved and the date on this form will be recorded in our database. A copy of this form will also be forwarded to the local health department.

Please fax or e-mail this completed form to: E-mail in pdf format is preferred.

FAX: 517-241-1328 E-mail: sissonp@michigan.gov

Website: www.michigan.gov/deqwater click on Campgrounds & Pools

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