



Verification for Pool/Spa Suction Modifications

Date:			
Permit Number:	Found on the Operating Permit or Inspection Report		
Pool/Spa Name			
Address:			
	City:		Zip:

Contact Person:			
Phone:			
Fax:			
E-mail			

EXISTING COVER INFORMATION PRIOR TO DECEMBER 19, 2008

Number of Existing Suction and Booster Outlets:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> Other (Describe)
	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Shape and Dimensions of Existing Drain Cover(s):	<input type="checkbox"/> 6" round	<input type="checkbox"/> 9"X 9" square	<input type="checkbox"/> Other (Describe)
	<input type="checkbox"/> 8" round	<input type="checkbox"/> 12" X 12" square	
	<input type="checkbox"/> 10" round	<input type="checkbox"/> 18" X 18" square	

NEW SUCTION OUTLET COVERS

Make & Model Number of Replacement Cover(s):			
Quantity:		Size:	Spacing:
Outlets are Located on the:	<input type="checkbox"/> Floor	<input type="checkbox"/> Wall	<input type="checkbox"/> Both
Cover(s) Obtained from and Installed by:			
Date of Installation:			
Sump Installed:	<input type="checkbox"/> Custom Sump Installed (Provide Documentation) <input type="checkbox"/> Field Fabricated <input type="checkbox"/> Pre-Manufactured		

NEW BOOSTER OUTLET COVERS:

Make & Model Number of Replacement Cover(s):			
Quantity:		Size:	Spacing:
Outlets are Located on the:	<input type="checkbox"/> Floor	<input type="checkbox"/> Wall	<input type="checkbox"/> Both
Covers Obtained from and Installed by:			
Date of Installation:			

ADDITIONAL SYSTEM OR DEVICE REQUIREMENTS PROVIDED

<input type="checkbox"/> Single Outlet (main drain) equipped with an 18" X23" or 29" diagonal or larger anti-entrapment cover; or <input type="checkbox"/> Minimum of two outlets (main drain) spaced at least three (3) feet apart; or <input type="checkbox"/> Safety vacuum release system; or	<input type="checkbox"/> Suction limiting vent system or Gravity Drainage System; or <input type="checkbox"/> Another method approved by CPSC.- Documentation ➤ Installer and Installation Date:
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I, _____, have/ have not made modifications to the pool/spa listed above and properly installed the anti-entrapment cover and sump identified above, to be in compliance with the Virginia Graeme Baker Act and installed per manufacturer requirements. I declare under penalty of perjury under the laws of the State of Nevada (NRS 53.045), that the factual assertions contained herein are true and correct.

Signature of Owner / Owner Representative

Date

Print Name

Title