



SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

APPLICATION FOR - VIRGINIA GRAEME BAKER ACT REQUIRED UPGRADES

Office of Pollution Control -15 Horseblock place - Farmingville, NY 11738

Facility Code					Type of Pool					
5	1				<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor				
					<input type="checkbox"/> Main Pool	<input type="checkbox"/> Spa Pool	<input type="checkbox"/> Wading Pool	<input type="checkbox"/> Other _____		

Pool Facility Name			Physical Address			Community	State	Zip
Contact Name			Phone Number			Email Address		

A licensed engineer or architect is not required for initial application but may later be required by the Department

Engineer's Name			Mailing Address			Community	State	Zip
Phone Number			Fax Number			Email Address		

Pool Information - submit a separate form for each pool

Dimensions of Pool _____ft X _____ft Minimum Depth _____ft Maximum Depth _____ft

(For Non Rectangular Shaped Pool Provide Diagram)

Pool has Gutters Pool has Skimmers Number of Skimmers _____

Number of Main Drains In Pool _____ Dimensions of Drain Covers _____in X _____in or Diameter _____in

Separation Distance Between Main Drains _____ft Is this a Gravity Drain System? Yes No

Distance Between Suction Pipe and Drain Cover _____in Diameter of Suction Pipes _____in

Pump Manufacturer _____ Model No. _____ Horse Power _____

Design Flow of System (if known) _____gpm Flow Rate as Observed at System Flow Meter _____gpm

ANSI/ASME A112.19.8-2007 Certified Main Drain Cover To Be Installed

Manufacturer _____ Model Number _____

Actual Open Area of Drain Cover Listed in Manufacturers Specifications _____sq in

Distance Between Suction Pipe and Drain Cover Required by Manufacturer _____

Vacuum Line Cover Manufacturer _____ Model No. _____

Skimmer Equalizer Line Cover Manufacturer _____ Model No. _____

Safety Vacuum Release System Manufacturer _____ Model No. _____

YOU MUST SUBMIT MANUFACTURERS SPECIFICATION SHEETS FOR ALL LISTED ITEMS

A certificate of electrical compliance must be submitted for all completed electrical work.

This form can be used for installation of the above items only. Any physical changes to the piping, pool shell, main drain sumps, or filter system require a CERTIFICATE OF APPROVAL OF PLANS FOR THE CONSTRUCTION OR RENOVATION OF A SWIMMING POOL(S) from the Department of Health Services before any renovations are made.

I Certify that all information supplied hereon is true to the best of my knowledge.

Pool Owners Signature (required) _____ Print Name _____ Date

Preparers Signature (If different than pool owner) _____ Print Name _____ Date

This area for Department use only

Calculated Flow Rate Through Main Drain Cover _____fps Complies With State Sanitary Code Subpart 6.1 Yes No

Reviewer _____