

Nassau County Department of Health

Swimming Pool Modification for the Prevention of Suction Entrapment

Date: _____	Facility ID #: _____
Facility Name and Address: _____ _____ _____	
Contact: _____ NAME _____ PHONE _____	

Existing Conditions		Indoor/Outdoor: _____
Circle Type: Main Wading Spa Intermediate Dive Slide Interactive	Pool Dimensions	_____
Pool Volume _____ gallons	Surface Area	_____ sq.ft.
Flow Rate _____ gpm _____ cfs	Maximum Depth	_____ ft.
Number of Main Drains _____	Dimensions _____	Spacing between Drains _____ ft.
Attachments <input type="checkbox"/> Flow Rate Calculations		

Proposed Work		<input type="checkbox"/> ASTM/ANSI 112-19-8
Main Drain Box Covers		
<input type="checkbox"/> Replace Main Drain Covers		
Manufacturer: _____	Model #: _____	
Quantity _____	Dimensions _____	
Open Area: _____ sq in. _____ sf		
Velocity through Grate: $\frac{\text{Flow Rate (cfs)}}{\text{Open Area (sf)}} = \text{Velocity (fps)}$		
Attachments: <input type="checkbox"/> Main Drain Calculations <input type="checkbox"/> Manufacturer's Specification Sheet <input type="checkbox"/> Sketch		

Devices or Systems Designed to Prevent Entrapment		<input type="checkbox"/> ASTM/ANSI 112-19-17
<input type="checkbox"/> Install Safety Vacuum Release (SVRS)	<input type="checkbox"/> Install Gravity Drainage System	
<input type="checkbox"/> Install Suction Limiting Vent System (SLVS)	<input type="checkbox"/> Automatic Pump Shut Off	
Manufacturer: _____	Model #: _____	
Attachments: <input type="checkbox"/> Manufacturer's Specification Sheet <input type="checkbox"/> Installation Schematic of Entrapment Prevention Device into recirculation system <input type="checkbox"/> Hydraulic Calculations of Recirculation System (only if Total Dynamic Head is affected)		

Consultant:
Name: _____
Address: _____ _____ _____
Telephone: _____
SEAL IF REQUIRED

For Official Use:
