



# Alexandria Health Department



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Health Director

**REPLY TO:**  
**Environmental Health Division**  
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Alexandria, VA 22302  
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<http://alexandriava.gov/AquaticHealth>

## Virginia Graeme Baker Act Compliance Form

**Complete one form for each pump.**  
**For example, circulation system, hydrojet, or water feature pump.**

Name of Pool/Spa: \_\_\_\_\_

Pool/Spa Address: \_\_\_\_\_

Pool/Spa Owner: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner E-Mail: \_\_\_\_\_

Pool/Spa Professional Name & Company: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Type of Facility**     Pool     Spa     Wading Pool     Water Recreation Attraction

Other \_\_\_\_\_

Indoor Facility     Outdoor Facility

Volume of Pool/Spa (gallons) \_\_\_\_\_

### **Pump Data**

Pump Make and Model Number: \_\_\_\_\_

### **System Served by Pump and Maximum Flow Rate (check one)**

Filtration /Recirculation System

Maximum flow rate the system can attain with clean filter (all return valves open, main drain valve open, and skimmer/vacuum valves closed).

(gpm) \_\_\_\_\_.

OR  Specify estimated maximum flow rate for this system based on hydraulic calculations and pump curve (gpm)\_\_\_\_\_.

**KING STREET**  
4480 King Street  
Alexandria, VA 22302  
(703) 746-4910

**CASEY HEALTH CENTER**  
1200 N. Howard Street  
Alexandria, VA 22304  
(703) 746-4886

**TEEN WELLNESS CENTER**  
3330 King Street  
Alexandria, VA 22302  
(703) 746-4776

**ARLANDRIA (WIC)**  
3802 Executive Ave. #D-2  
Alexandria, VA 22305  
(703) 519-1957

- Hydrojets, Maximum Flow Rate (gpm) \_\_\_\_\_
- Spray Feature; describe \_\_\_\_\_, Maximum Flow Rate (gpm) \_\_\_\_\_
- Slide; describe \_\_\_\_\_, Maximum Flow Rate (gpm) \_\_\_\_\_
- Water Feature; describe \_\_\_\_\_, Maximum Flow Rate (gpm) \_\_\_\_\_

**Location/Type of Suction Outlets Connected to Pump**

- Main Drain(s) Number \_\_\_\_\_ Shape \_\_\_\_\_ Dimensions \_\_\_\_\_
  - Other Floor Outlet(s) Describe: \_\_\_\_\_
  - Wall Outlet(s) Describe: \_\_\_\_\_
  - Other Suction Outlet(s) Describe: \_\_\_\_\_
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**Anti-entrapment device or system that complies with the Virginia Graeme Baker Pool & Spa Safety Act**

(check one)

- Multiple drains spaced a minimum of 3 feet apart from pipe centerlines.
- Single main drain with Safety Vacuum Release System that complies with ASME/ANSI A112.19.17 or ASTM-F238
- Gravity drainage system Multiple Drains \_\_\_\_\_ Single Drain \_\_\_\_\_
- Unblockable drain, minimum 18" x 23" size. Multiple Drains \_\_\_\_\_ Single Drain \_\_\_\_\_

**New Suction Outlet Cover(s)**

Provide documentation that cover complies with ASME/ANSI A112.19.8-2007.

For custom or large grating, attach verification of field testing by a Registered Design Professional in accordance with ASME/ANSI A112.19.8-2007.

Make & Model \_\_\_\_\_

Certified Flow Rate: (gpm) \_\_\_\_\_  Wall  Floor

Size of Cover \_\_\_\_\_

**Sump/Pot**  New Installation or  Existing Sump/Pot

Meets the manufacturer's installation instruction for the cover specified above:  Yes  No

**New Equalizer Line Covers:**

Provide documentation that the cover complies with ASME/ANSI A112.19.8-2007.

Make & Model \_\_\_\_\_

Flow Rate: (gpm) \_\_\_\_\_  Wall  Floor Size of Cover \_\_\_\_\_

OR

**Disablement of Equalizer Lines (all items required):**

All equalizer lines are disabled by plugging the equalizer suction line inside the skimmer pot; and all equalizer lines are provided with a cover that is in good condition and cannot be removed without the use of tools.

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***Form must be signed by the Facility Owner and a Pool Professional.***

I hereby certify that the above-referenced swimming pool or spa complies with the Virginia Graeme Baker Pool and Spa Safety Act and the above information is correct.

Owner's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Pool Professional Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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OFFICE USE ONLY:

Reviewed By:

EHS Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_