

APPROVED BY

DATE: _____

INSTALLATION CERTIFICATION

VGB DRAIN COVER & SECONDARY DEVICE

OFFICE USE ONLY

Fee Paid \$ _____

FA: _____

PR: _____

SR: _____

Date: _____

NOTE: Use one form for each pump or multiple pumps under the same cover.

For the property named _____,

located at _____, California, I hereby certify that pursuant to California State Health & Safety Code Sec. 116064.1 and 116064.2, that an Anti-entrapment cover meeting the current standards of the American Society of Mechanical Engineers ASME/ANSI standard A 112.19.8-2007 and where required, a secondary safety device meeting the current ASME/ANSI or ASTM standards have been installed per the manufacturer's instructions on the:

- Swimming Pool**
- Spa Jet / Booster**
- Spa Recirculation**
- Wading/toddler pool**

Existing Pump(s): Make/Model _____ H.P. _____; Flow (gpm) _____
 Make/Model _____ H.P. _____; Flow (gpm) _____

Main Drain(s):

Manufacturer of approved cover: _____

Model/Part Number: _____ GPM rating: Floor _____; Wall _____ Installed on Wall Floor

Cover bears the following markings:

- "VGB 2008 or later",
- "ASME/ANSI standard A 112.19.8-2007 or later", "Life": _____

Main drain/Jet suction pipe size is _____ inches. Manufacturer's main drain(s) sump depth requirement in inches is: _____

- Single drain – Not unblockable (one of the following secondary devices required: SVRS / Suction limiting vent / gravity drainage / auto pump shut-off/ other approved by enforcement agency)
 - Type of secondary device installed: _____
 - Manufacturer of approved device: _____ Model/Part Number: _____
- SVRS bears the following markings:
 - "ATSM F2387",
 - "ASME/ANSI standard A 112.19.17",

NOTE: If installing a variable speed SVRS pump a RPM/Time Data sheet shall be faxed to EMD at 875-8513 following the installation. (A sample form is available from the Environmental Health Plan Review office)

- Single drain – Unblockable (size and shape that a human body cannot sufficiently block to create a suction entrapment)
- Dual main drain(s)

Equalizer line(s):

Manufacturer of approved cover: _____

Model/Part Number: _____ GPM rating: Floor _____; Wall _____ Installed on Wall Floor

- "VGB 2008 or later",
- "ASME/ANSI standard A 112.19.8-2007 or later", "Life": _____

Skimmer equalizer line(s) pipe size were found to be _____ inches # of Skimmers: _____

Manufacturer's skimmer equalizer line(s) sump depth requirement in inches is: _____

- Single equalizer line
- Dual Skimmer equalizer line(s) sump depth _____ inches
- Skimmers are connected with single line to pump.
- Skimmers are separately valved before pump and can be isolated.

I declare that I hold an active California State Contractor license # _____ or California State Professional Engineer license # _____, with qualified experience working on public swimming pools and that the information provided above is true to the best of my knowledge. I'm aware that improper certification of the above information shall be subject to potential disciplinary action at the discretion of the licensing authority.

Signature _____ Print name _____ Date _____

Contact Name: _____ Phone _____ email _____

PAYMENT DUE PRIOR TO APPROVAL CALL PLAN REVIEW AT (916) 874-6010

For a complete text of the law, visit:

http://info.sen.ca.gov/pub/09-10/bill/asm/ab_1001-1050/ab_1020_bill_20091011_chaptered.pdf