

Pool and Spa Main Drain Grate/Cover VGBPSSA Compliance Worksheet- Montana

Licensed Facility Name: _____

DPHHS License Number: _____ County: _____

Facility Address: _____

Facility Contact phone number: _____

Owner/CPO/ Pool Contractor Name (printed): _____

Owner/CPO/ Licensed Pool Contractor shall complete the following:

Manufacturer of Replacement Main Drain Grate/Cover: _____ Date installed: _____

Model Number: _____

Max. Flow Rating at 1.5fps: _____ gpm Open area: _____ in² Lifespan: _____

Pool /Spa uses a main drain with: Direct suction ___ or Gravity Drain ___ (check appropriate type)

Manufacturer of main drain pump: _____ Maximum Flow rate of pump: _____

We have installed the main drain Grate/Cover identified above in the pool/Spa listed above, to be in compliance with Montana ARM 37.115.1007 (4). The Grate/Cover was installed according to manufacturer's instructions. A specification sheet provided by the manufacturer for the currently installed drain is kept on file and can be provided to the responsible health jurisdiction upon request.

Printed name: _____ Owner__ CPO__ Licensed Pool Contractor__

Signature: _____
