



TOWN OF SAUGUS

BOARD OF HEALTH
298 CENTRAL STREET
SAUGUS, MASSACHUSETTS 01906



Public Health
Prevent. Promote. Protect.

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VIRGINIA GRAEME BAKER ACT POOL AND SPA MAIN DRAIN SAFETY VACUUM RELEASE SYSTEM CERTIFICATION

Pool/Spa Name: _____

Address: _____

Business Hours Contact Phone: _____

Owner Name (Print): _____

CERTIFIED POOL OPERATOR SHALL COMPLETE THE FOLLOWING:

Manufacturer of replacement Main Drain Grate/Cover: _____

Model # _____ Cover Flow Rating: _____ Filter Flow Rating: _____

Type of Drain:

☐ Single Main Drain Diagonal Dimension (29"): _____ (No SVRS required if >29")

☐ Multiple Main Drain Dimension between drains: (3'): _____ (SVRS required if < 3')

☐ Safety Vacuum Release System (SVRS) Manufacturer: _____

I, _____,
have replaced the main drain grate/cover in the pool listed above with the grate/cover identified above, to be in compliance with the ASME/ANSI A112.19.8. I further state that I have installed a Safety Vacuum Release System (SVRS); or state that no SVRS is required. I have installed drain covers and SVRS in accordance with the manufacturer's instructions. It is in compliance with the 105 CMR 435.00 Minimum Standards for Swimming Pools (State Sanitary Code: Chapter V).

****Enclose spec sheets of drain covers and Safety Vacuum Release System STATING
compliance with the VGB Act****