ORANGE COUNTY
HEALTH DEPARTMENT
Improving health. Inspiring change.

Replacement of Pool Drain Compliance Data

Name of Pool: _____

Address:_____

Pump Manufacturer: _____

Model Number: _____

Maximum Pump Flow (manufacturer's specifications) _____gallons per minute_____

Drain Cover/grate Data:_____

Number of drains on same pumping system: _____

Distance between drains (on centers):_____

Replacement Cover/grate manufacturer_____ Model:_____

Maximum flow rating of cover/grate:_____gpm (floor) _____gpm (wall)

Cover Expiration Date: _____

(Attach drain cover specification sheet)

Name of person providing this information: _____

Signature: _____

Date: _____