



**Public Health**  
Environmental Health Services

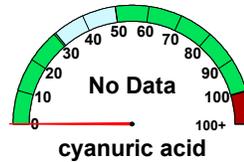
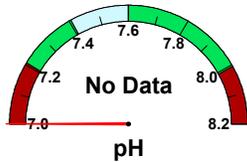
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**RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT**

FACILITY NAME CITRUS GROVE APARTMENTS		DATE 6/11/2015	REINSPECTION DATE Not Specified	PERMIT EXPIRATION 7/31/2015
LOCATION 1230 E LUGONIA AV, REDLANDS, CA 92373			INSPECTOR Yvette Velasco	
MAILING ADDRESS 1230 E LUGONIA AV, REDLANDS, CA 92373			IDENTIFIER: Pool	
TIME IN 4:22 PM	TIME OUT 4:29 PM	FACILITY ID FA0006636	RELATED ID PR0016026	PE 3620
			SERVICE: 003 - INSPECTION - FOLLOW UP INSPECTION RESULT: 05 - CORRECTIVE ACTION / FOLLOW UP REQU ACTION: 03 - REINSPECTION REQUIRED	

**RECREATIONAL HEALTH - Public Pool - Initial Pool at Facility**

Ideal
In Compliance
Not in Compliance



temperature (°F)	No Data
observed flow (gpm)	No Data
required flow (gpm)	80
volume (gal)	28,800
area (sq ft)	960
occupancy	48

**IMPORTANT: Replacement of Suction Outlet Covers**  
Suction Outlet covers (anti-entrapment covers over main drains and skimmer equalizer outlets) shall be replaced upon expiration. The expiration (in years) is stamped on the front of each cover, indicating the amount of time the cover is valid after installation. Each replacement cover shall:

1. Meet the latest ANSI/APSP-16 performance standard
2. Be rated for the maximum designed flow-rate of the pump

Retain all records which indicate the make/model number of the replacement cover and date of installation. Records shall be made available to your inspector upon request.

**36K992 Permit Reinstatement**

<b>POINTS</b> <b>NA</b>	Compliance Date: Not Specified	<b>Inspector Comments:</b> During the last routine inspection the light fixture in the pool was observed lose and not intact.  Observed the light intact and no longer an electrical hazard.  The pool may now open. Inspector will follow up on the flow rate within 5 days.
	Not In Compliance	
	Violation Reference - HSC	

**Description:** The health permit to operate is hereby reinstated and facility may open.

**Overall Inspection Comments**

No summary comments have been made for this inspection.

**Signature(s) of Acknowledgement**

NAME: Amber Moore  
TITLE:

Total # of Images: 0