



**RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT**

FACILITY NAME <b>ARROWHEAD COUNTRY CLUB</b>			REINSPECTION DATE <b>Not Specified</b>		INSPECTOR <b>Michelle Lamont</b>	DATE <b>7/6/2016</b>
LOCATION <b>3433 PARKSIDE DR, SAN BERNARDINO, CA 92404</b>			PERMIT EXPIRATION <b>6/30/2017</b>		IDENTIFIER: Pool	
TIME IN <b>8:45 AM</b>	TIME OUT <b>9:10 AM</b>	FACILITY ID <b>FA0010237</b>	RELATED ID <b>PR0015046</b>	PE <b>3620</b>	SERVICE: 003 - INSPECTION - FOLLOW UP INSPECTION	
					RESULT: 05 - CORRECTIVE ACTION / FOLLOW UP REQU	
					ACTION: 03 - REINSPECTION REQUIRED	

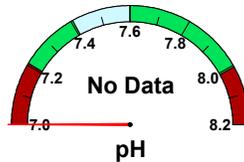
**RECREATIONAL HEALTH - Public Pool - Initial Pool at Facility**

Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional inspection to be billed at the hourly rate as provided in the San Bernardino County Code, [Schedule of Fees](#).

Administrative Order to Show Cause (OSC): The Permittee has the right to a hearing if requested in writing within 15 calendar days of receipt of this notice, to show cause why the permit to operate should not be suspended or revoked; otherwise the right to a hearing shall be deemed waived.

See the following pages for the code sections and general requirements that correspond to each violation listed below.

Ideal
In Compliance
Not in Compliance



temperature (°F)	No Data
observed flow (gpm)	No Data
required flow (gpm)	579
volume (gal)	208,553
area (sq ft)	3,588
occupancy	179

**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.

**36K994 Reinspection**

<b>POINTS</b> <b>NA</b>	Compliance Date: Not Specified	<b>Inspector Comments:</b> This is a re-inspection to ensure that all green water was drained from pool. There is currently approximately 6 inches of water at the bottom of this pool.  Call (909) 266 - 4434 for re-inspection. Ensure that all water has been drained from pool prior to re-inspection or a billable inspection will be conducted.
	Not In Compliance	
	Violation Reference - HSC	

**Description:** Reinspection conducted at this time to determine compliance from prior inspection.

**Overall Inspection Comments**

No summary comments have been made for this inspection.

**Signature(s) of Acknowledgement**

NAME: Roger  
TITLE: President of the Board

Total # of Images: 0