



**COMMUNITY ENVIRONMENTAL HEALTH PROGRAM  
RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT**

[www.sbcounty.gov/dph/dehs](http://www.sbcounty.gov/dph/dehs)

(800) 442-2283

|   |                            |                                |                              |   |   |
|---|----------------------------|--------------------------------|------------------------------|---|---|
| FACILITY NAME<br><b>SUNSHINE APARTMENTS</b>                   |                            |                                |                              | DATE<br><b>8/22/2014</b>                  | SIGNATURE<br><i>Not Available</i>                 |
| LOCATION<br><b>15767 TUSCOLA RD 9, APPLE VALLEY, CA 92307</b> |                            |                                |                              | REINSPECTION DATE<br><b>Not Specified</b> | PERMIT EXPIRATION<br><b>11/30/2014</b>            |
| MAILING ADDRESS<br><b>20510 E MEGHAN CT, WALNUT CA 91789</b>  |                            |                                |                              | REHS<br><b>John Ramos</b>                 |   |
| FA #<br><b>FA0007313</b>                                      | PR #<br><b>PR0013900</b>   | SR #<br><b>Not Specified</b>   | CO #<br><b>Not Specified</b> | PE<br><b>3620</b>                         | PROGRAM IDENTIFIER: Pool                          |
| TIME IN<br><b>2:14 PM</b>                                     | TIME OUT<br><b>2:26 PM</b> | CONTACT<br><b>Not Captured</b> |                              |   | SERVICE: 001 - INSPECTION - ROUTINE               |
|   |                            |                                |                              |   | RESULT: 03 - CORRECTIVE ACTION / NO FOLLOW UP REQ |
|   |                            |                                |                              |   | ACTION: 01 - NO FURTHER ACTION REQUIRED           |

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

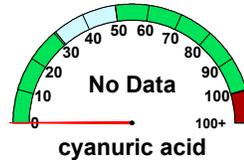
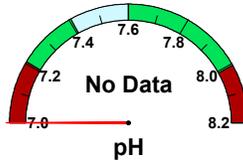
Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. The Permittee has the right to a hearing if requested in writing within 15 calendar days of receipt of this notice, to show cause why the permit to operate should not be suspended or revoked.

Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional reinspection at a charge of \$61.25 per 15 minutes with a minimum time of 30 minutes, and a minimum charge of \$122.50.

**100**

SCORE

|                   |
|-------------------|
| Ideal             |
| In Compliance     |
| Not in Compliance |



|                     |         |
|---------------------|---------|
| temperature (F)     | No Data |
| observed flow (gpm) | No Data |
| required flow (gpm) | No Data |
| volume (gal)        | No Data |
| area (sq ft)        | No Data |
| occupancy           | No Data |

**36K952 Drained Pool or Spa Inspection**

|                            |                                |  |
|----------------------------|--------------------------------|--|
| <b>POINTS</b><br><b>NA</b> | Compliance Date: Not Specified | Inspector Comments: Observed drained pool in the process of being destroyed. |
|                            | Not In Compliance              | Submit copy of finalized building permit to EHS for permit inactivation.     |
|                            | Violation Reference - HSC      |  |

**Violation Description:** An inspection was conducted at this time on a drained pool or spa. Contact DEHS prior to filling with water and/or operating.

**Overall Inspection Comments**

Observed drained pool in the process of being destroyed.

Submit copy of finalized building permit to EHS for permit inactivation.

**Photo Attachments:**

No Photo Attachments