



RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT

FACILITY NAME VILLAGE BAY CHALETS				REINSPECTION DATE Not Specified	INSPECTOR Brad Larson	DATE 6/2/2016
LOCATION 28050 HWY 189 , LAKE ARROWHEAD, CA 92352				PERMIT EXPIRATION 12/31/2016	IDENTIFIER: Spa	
TIME IN 2:25 PM	TIME OUT 3:05 PM	FACILITY ID FA0006816	RELATED ID PR0014787	PE 3623	SERVICE: 001 - INSPECTION - ROUTINE	
				RESULT: 01 - CORRECTIVE ACTION NOT REQUIRED		
				ACTION: 01 - NO FURTHER ACTION REQUIRED		

RECREATIONAL HEALTH - Public Pool - Additional Spa at Facility

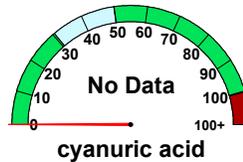
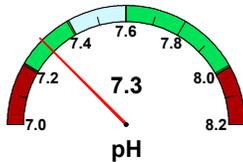
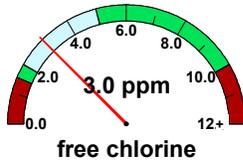
Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional inspection to be billed at the hourly rate as provided in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

100
SCORE

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)	79.0
observed flow (gpm)	No Data
required flow (gpm)	No Data
volume (gal)	No Data
area (sq ft)	No Data
occupancy	No Data

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:

- Meet the latest ANSI/APSP-16 performance standard
- 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.

No Violations Cited

Overall Inspection Comments

Met with homeowners and new management company representative.
No violations observed on this date.
Pump / equipment room locked.

Signature(s) of Acknowledgement

NAME:
TITLE:

Total # of Images: 0