



**Public Health**  
**Environmental Health Services**

**RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT**

FACILITY NAME MOJAVE MANOR APTS		DATE 8/14/2015	REINSPECTION DATE Not Specified	PERMIT EXPIRATION 1/31/2012
LOCATION 204 WOODHAM AV, BARSTOW, CA 92311			INSPECTOR Michelle Saltis	
MAILING ADDRESS 6180 RIVERSIDE DR UNIT C27, CHINO CA 91710			IDENTIFIER: Pool	
<input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ACCOUNT			SERVICE: 001 - INSPECTION - ROUTINE	
TIME IN 2:50 PM	TIME OUT 3:11 PM	FACILITY ID FA0007273	RELATED ID PR0013920	PE 3620
			RESULT: 01 - CORRECTIVE ACTION NOT REQUIRED	
			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. Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional reinspection at a charge of \$4.08 per 1 minute with a minimum time of 30 minutes, and a minimum charge of \$122.50.

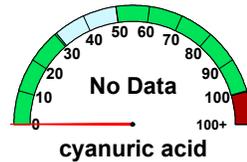
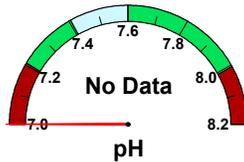
**100**

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)	No Data
observed flow (gpm)	No Data
required flow (gpm)	75
volume (gal)	16,500
area (sq ft)	576
occupancy	28

**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.

**36K952 Drained Pool or Spa Inspection**

<b>POINTS</b> <b>NA</b>	Compliance Date: Not Specified	<b>Inspector Comments:</b> Observed pool drained. Please visit www.sbcounty.gov for the drained pool letter and application. Once application is completed, please submit to San Bernardino Environmental Health. Contact Environmental Health at 800-442-2283 with any questions or concerns.
	Not In Compliance	
	Violation Reference - HSC	

**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**

Please visit www.sbcounty.gov for the drained pool letter and application. Once application is completed, please submit to San Bernardino Environmental Health. Contact Environmental Health at 800-442-2283 with any questions or concerns.

**Signature(s) of Acknowledgement**

NAME: Iaderrick Jones  
 TITLE:

Total # of Images: 0