



Public Health
Environmental Health Services

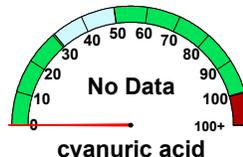
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RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT

| | | | | |
|--|---------------------|--------------------------|---|--------------------------------|
| 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: 112 - INVESTIGATION - LICENSE / PERMIT | |
| TIME IN 2:33 PM | TIME OUT 2:49 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

| |
|-------------------|
| 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.

36K991 Permit Investigation

POINTS
NA

Compliance Date: Not Specified
 Not In Compliance
 Violation Reference - HSC

Inspector Comments: A permit investigation was done today to follow up on health permit fees owed. Facility is past due in health permit fees. Immediately pay the past due amount of \$1120.00 with a check or credit card online at www.sbcounty.gov or in person at 15900 Smoke Tree St. Suite 131 Hesperia, CA 92345. Immediately obtain a valid health permit within 3 days. Failure to comply may result in a facility closure. Contact Environmental Health at 800-442-2283 with any questions or concerns.

Description: Obtain a valid health permit within 3 days or as specified to avoid facility closure and/or other possible legal action.

Overall Inspection Comments

Contact Environmental Health at 800-442-2283 with any questions or concerns.

Signature(s) of Acknowledgement

NAME: Iaderrick Jones
 TITLE:

Total # of Images: 0