



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

www.SBCounty.gov

**RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT**

FACILITY NAME LOCH LEVEN CHRISTIAN CAMP & CONFERENCE CENTER			DATE 8/13/2015	REINSPECTION DATE Not Specified	PERMIT EXPIRATION 12/31/2015
LOCATION 8171 MOUNTAIN HOME CREEK RD, MENTONE, CA 92359			INSPECTOR Sierra Clayborn		
MAILING ADDRESS 36910 MILLCREEK RD, MENTONE CA 92359			IDENTIFIER: Pool		
<input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ACCOUNT			SERVICE: 001 - INSPECTION - ROUTINE		
TIME IN 2:30 PM	TIME OUT 3:10 PM	FACILITY ID FA0006918	RELATED ID PR0006543	PE 3620	RESULT: 03 - CORRECTIVE ACTION / NO FOLLOW UP RE
					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.

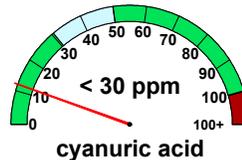
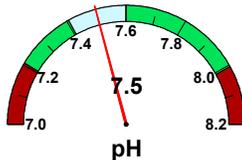
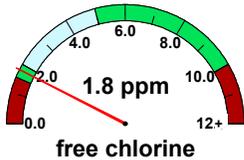
**100**

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)	65
required flow (gpm)	85
volume (gal)	41,010
area (sq ft)	1,040
occupancy	52

**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.

**No Violations Cited**

**Overall Inspection Comments**

No summary comments have been made for this inspection.

**Signature(s) of Acknowledgement**

NAME: Sloan Hamilton  
 TITLE: Camp Director

Total # of Images: 0