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SAN BERNARDINO COUNTY

Public Health
Environmental Health Services

# RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT

| FACILITY NAME | REINSPECTION DATE | INSPECTOR | DATE |
|---|---|---|---|
| ORCHARD MEADOWS II | Not Specified | Mark Williams | 9/20/2016 |

| LOCATION | PERMIT EXPIRATION | |
|---|---|---|
| 8320 VINEYARD , RANCHO CUCAMONGA, CA 91730 | 8/31/2017 | IDENTIFIER: Front Pool, Knollwood/Applewood |
| | | SERVICE: 003 - INSPECTION - FOLLOW UP INSPECTION |
| | | RESULT: 01 - CORRECTIVE ACTION NOT REQUIRED |
| | | ACTION: 15 - PERMIT REINSTATED / FACILITY RE-OPEN |

| TIME IN | TIME OUT | FACILITY ID | RELATED ID | PE |
|---|---|---|---|---|
| 10:48 AM | 11:00 AM | FA0007325 | PR0014639 | 3620 |

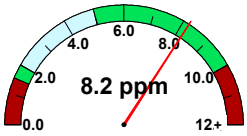
## RECREATIONAL HEALTH - Public Pool - Initial Pool at Facility

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 inspection to be billed at the hourly rate as provided in the San Bernardino County Code, Schedule of Fees.

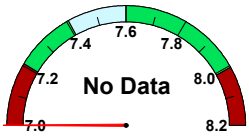
Administrative Order to Show Cause (OSC): The Permittee has the right to a hearing if requested in writing within 15 calendar days of receipt of this notice, to show cause why the permit to operate should not be suspended or revoked; otherwise the right to a hearing shall be deemed waived.

**See the following pages for the code sections and general requirements that correspond to each violation listed below.**

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



free chlorine



pH

cyanuric acid

| | |
|---|---|
| temperature (°F) | No Data |
| observed flow (gpm) | No Data |
| required flow (gpm) | 32 |
| volume (gal) | 15,400 |
| area (sq ft) | 500 |
| occupancy | 25 |

**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.

## 36K992 Permit Reinstatement

**POINTS** **NA**

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

**Inspector Comments:** This permit for this pool reinstated this date.

**Description:** The health permit to operate is hereby reinstated and facility may open.

## 36K994 Reinspection

**POINTS** **NA**

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

**Inspector Comments:** This re-inspection was conducted at the request of the pool operator.
This pool was closed and the health permit suspended on 9-16-2016 due to a high chlorine content over 10 ppm. On this date the chlorine was observed in the pool @ 8.24 ppm and the health permit for this pool was reinstated this date. All pool / spa closure signs were removed this date.

**Description:** Reinspection conducted at this time to determine compliance from prior inspection.

## Overall Inspection Comments

Note-Pool closure sign removed from gate this date.
This inspection was conducted with the pool maintenance person present.

## Signature(s) of Acknowledgement

NAME: Daniel Magruder
TITLE: Pool Maintenance

**Total # of Images:** 0