



RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT

FACILITY NAME DESERT VISTA VILLAGE			REINSPECTION DATE Not Specified	INSPECTOR Anies Kondoker	DATE 10/2/2015
LOCATION 7345 PALM AV, YUCCA VALLEY, CA 92284			PERMIT EXPIRATION 7/31/2016	IDENTIFIER: Spa SERVICE: 003 - INSPECTION - FOLLOW UP INSPECTION	
TIME IN 3:40 PM	TIME OUT 3:55 PM	FACILITY ID FA0017228	RELATED ID PR0023256	PE 3623	RESULT: 01 - CORRECTIVE ACTION NOT REQUIRED ACTION: 15 - PERMIT REINSTATED / FACILITY RE-OPEN

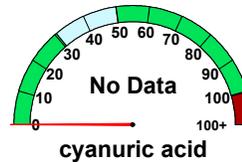
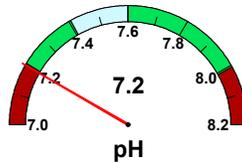
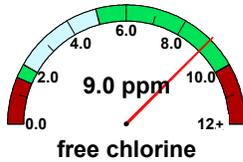
RECREATIONAL HEALTH - Public Pool - Additional Spa at Facility

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](#).

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)	103.0
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:

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	Inspector Comments: _____
	Not In Compliance	
	Violation Reference - HSC	

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

36K993 Re-Reinspection

POINTS NA	Compliance Date: Not Specified	Inspector Comments: _____
	Not In Compliance	
	Violation Reference - HSC	

Description: Billable re-reinspection conducted at the time to determine compliance from prior inspection.

Overall Inspection Comments

No summary comments have been made for this inspection.

Signature(s) of Acknowledgement

NAME:
TITLE:
Total # of Images: 0