



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

**RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT**

|  |                      |                          |                         |                                     |  |
|--|----------------------|--------------------------|-------------------------|-------------------------------------|--|
| FACILITY NAME<br>COUNTRY SUITES BY AYRES   |                      |                          | DATE<br>7/16/2015       | REINSPECTION DATE<br>Not Specified  | PERMIT EXPIRATION<br>12/31/2015                  |
| LOCATION<br>1945 E HOLT BL, ONTARIO, CA 91764  |                      |                          |                         | INSPECTOR<br>John Ramos             |  |
| MAILING ADDRESS<br>1945 E HOLT BL, ONTARIO, CA 91764   |                      |                          |                         | IDENTIFIER: Pool                    |  |
| <input checked="" type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input type="checkbox"/> ACCOUNT |                      |                          |                         | SERVICE: 001 - INSPECTION - ROUTINE |  |
| TIME IN<br>9:38 AM   | TIME OUT<br>10:12 AM | FACILITY ID<br>FA0002473 | RELATED ID<br>PR0015587 | PE<br>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.

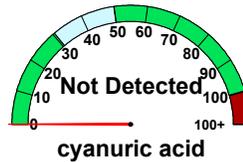
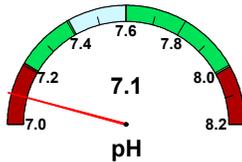
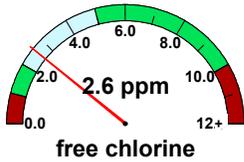
**98**

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)    | 79.2   |
| observed flow (gpm) | 70     |
| required flow (gpm) | 123    |
| volume (gal)        | 46,037 |
| area (sq ft)        | 536    |
| occupancy           | 30     |

**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.

**36K508 Water Quality – Non-Critical – Water pH 7.2 to 7.8**

|                           |                                   |   |
|---------------------------|-----------------------------------|---|
| <b>POINTS</b><br><b>1</b> | Compliance Date: Not Specified    | Inspector Comments: Observed pH at 7.1. |
|                           | Not In Compliance                 | Maintain pH between 7.2 and 8.0.        |
|                           | Violation Reference - HSC - 65530 |   |

**Violation Description:** The pool operator shall maintain public pool water at pH 7.2 to 7.8.

**36K556 Equipment – Plumbing labeled**

|                           |                                      |   |
|---------------------------|--------------------------------------|---|
| <b>POINTS</b><br><b>1</b> | Compliance Date: Not Specified       | Inspector Comments: Observed no directional arrows or markings on the piping. |
|                           | Not In Compliance                    | Provide markings.   |
|                           | Violation Reference - CCR 24 - 3120B |   |

**Violation Description:** The direction of flow for the recirculation equipment shall be labeled clearly with directional symbols such as arrows on all piping in the equipment area. Where the recirculation equipment for more than one pool is located on site, the equipment shall be marked as to which pool the system serves. Valves and plumbing lines shall be labeled clearly with the source or destination descriptions.

**Overall Inspection Comments**

Correct the above noted violations.  
 If you have any questions contact John Ramos at (800) 442-2283 or at John.Ramos@dph.sbcounty.gov

**Signature(s) of Acknowledgement**

NAME:  
TITLE:



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| <small>LOCATION</small><br>1945 E HOLT BL, ONTARIO, CA 91764 | <small>INSPECTOR</small><br>John Ramos |

Total # of Images: 0