



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

**RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT**

FACILITY NAME IRON HORSE RIDGE COM ASSO		DATE 8/26/2015	REINSPECTION DATE Not Specified	PERMIT EXPIRATION 1/31/2016
LOCATION 1731 W GOLDEN SPIKE DR, COLTON, CA 92324			INSPECTOR John Babalola	
MAILING ADDRESS PO BOX 352, RIVERSIDE CA 92502			IDENTIFIER: Pool	
TIME IN 3:04 PM	TIME OUT 4:00 PM	FACILITY ID FA0006593	RELATED ID PR0014808	PE 3620
			SERVICE: 001 - INSPECTION - ROUTINE RESULT: 03 - CORRECTIVE ACTION / NO FOLLOW UP RE ACTION: 01 - NO FURTHER ACTION REQUIRED	

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

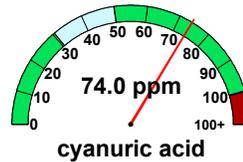
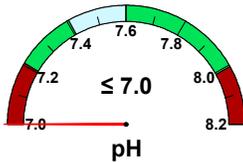
Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional reinspection at a charge of \$4.08 per 1 minute with a minimum time of 30 minutes, and a minimum charge of \$122.50.

**97**  
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)	60
required flow (gpm)	90
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.

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

<b>POINTS</b> <b>1</b>	Compliance Date: Not Specified	Inspector Comments: The pH level is observed at 7.0 at the time of inspection. Maintain between 7.2 and 7.8 at all times.  Note: Ideal is 7.4 - 7.6.
	Not In Compliance	
	Violation Reference - HSC - 65530	

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

**36K554 Equipment - Pressure/Vacuum gauge requirements**

<b>POINTS</b> <b>1</b>	Compliance Date: Not Specified	Inspector Comments: The pressure gauge located on the filter shall be marked with the clean start up pressure reading. No marks observed.
	Not In Compliance	
	Violation Reference - CCR 24 - 3125B.2	

Violation Description: A pressure and vacuum gauge shall be provided for each pump system. Each gauge shall have a scale range approximately 1 ¼ times the maximum anticipated working pressure or vacuum and shall be accurate within 2 percent of scale. The pressure gauge located on the filter shall be marked with the clean start up pressure reading.

**36K556 Equipment – Plumbing labeled**

<b>POINTS</b> <b>1</b>	Compliance Date: Not Specified	Inspector Comments: No flow direction labels observed in the equipment room. Provide the labels.  Note: This is a continuous violation!
	Not In Compliance	
	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**



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

**RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT**

FACILITY NAME <b>IRON HORSE RIDGE COM ASSO</b>	DATE <b>8/26/2015</b>
LOCATION <b>1731 W GOLDEN SPIKE DR, COLTON, CA 92324</b>	INSPECTOR <b>John Babalola</b>

Note: Provide the key to pool gate to our office. The key provided to our office does not work. Andrea, the security lady, granted access for the inspection today. Send the key to:

John Babalola  
385 N Arrowhead Ave  
San Bernardino, CA 92415-0160

**Signature(s) of Acknowledgement**

NAME: SNA  
TITLE:

Total # of Images: 0