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SAN BERNARDINO COUNTY

Public Health
Environmental Health Services

RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT

FACILITY NAME				REINSPECTION DATE	INSPECTOR	DATE
SUNSCAPE II CONDOS				Not Specified	Brad Larson	8/4/2016
LOCATION				PERMIT EXPIRATION	IDENTIFIER: West Pool	
8990 19TH ST, RANCHO CUCAMONGA, CA 91730				12/31/2016	SERVICE: 008 - INSPECTION - ATTEMPTED	
TIME IN	TIME OUT	FACILITY ID	RELATED ID	PE	RESULT: 00 - NOT APPLICABLE	
9:11 AM	9:15 AM	FA0006823	PR0014776	3621	ACTION: 00 - NOT APPLICABLE	

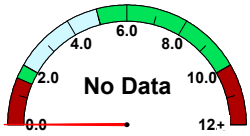
RECREATIONAL HEALTH - Public Pool - Additional Pool at Facility

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.

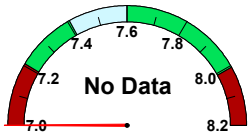
Administrative Order to Show Cause (OSC): The Permittee has the right to a hearing if requested in writing within 15 calendar days of receipt of this notice, to show cause why the permit to operate should not be suspended or revoked; otherwise the right to a hearing shall be deemed waived.

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)	108
volume (gal)	39,000
area (sq ft)	800
occupancy	40

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

HOA pools, no on-site manager; water clarity good

Signature(s) of Acknowledgement

NAME: SNA
TITLE:

Total # of Images: 0