



Public Health
Environmental Health Services

RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT

| | | | | | |
|--|-----------------------------|---------------------------------|--------------------------------|---|---|
| FACILITY NAME JUNIPER VILLAGE | | | DATE 7/14/2015 | REINSPECTION DATE Not Specified | PERMIT EXPIRATION 6/30/2016 |
| LOCATION 16700 MARYGOLD AV, FONTANA, CA 92335 | | | | INSPECTOR Patrick Baccari | |
| MAILING ADDRESS 16700 MARYGOLD AV, FONTANA, CA 92335 | | | | IDENTIFIER: Spa | |
| <input checked="" type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input type="checkbox"/> ACCOUNT | | | | SERVICE: 001 - INSPECTION - ROUTINE | |
| TIME IN 11:45 AM | TIME OUT 12:00 PM | FACILITY ID FA0004868 | RELATED ID PR0015974 | PE 3623 | RESULT: 01 - CORRECTIVE ACTION NOT REQUIRED |
| | | | | | ACTION: 01 - NO FURTHER ACTION REQUIRED |

RECREATIONAL HEALTH - Public Pool - Additional Spa at Facility

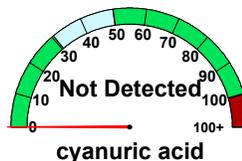
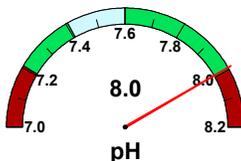
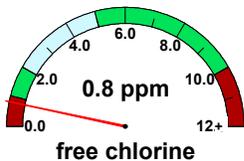
Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. The Permittee has the right to a hearing if requested in writing within 15 calendar days of receipt of this notice, to show cause why the permit to operate should not be suspended or revoked.

100

SCORE

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.

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



| | |
|---------------------|-------|
| temperature (°F) | 104.0 |
| observed flow (gpm) | 40 |
| required flow (gpm) | 37 |
| volume (gal) | 1,139 |
| area (sq ft) | 63 |
| occupancy | 6 |

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

No summary comments have been made for this inspection.

Signature(s) of Acknowledgement

NAME:
 TITLE:

Total # of Images: 0