



Public Health
Environmental Health Services

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RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT

FACILITY NAME MARLBOROUGH VILLAS		DATE 7/7/2015	REINSPECTION DATE Not Specified	PERMIT EXPIRATION 12/31/2015
LOCATION 8000 STAFFORD , RANCHO CUCAMONGA, CA 91730			INSPECTOR Dior Porter	
MAILING ADDRESS 195 N EUCLID AV STE 100, UPLAND CA 91786			IDENTIFIER: Pool	
<input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ACCOUNT			SERVICE: 001 - INSPECTION - ROUTINE	
TIME IN 1:44 PM	TIME OUT 2:04 PM	FACILITY ID FA0007277	RELATED ID PR0014674	PE 3620
			RESULT: 01 - CORRECTIVE ACTION NOT REQUIRED	
			ACTION: 01 - NO FURTHER ACTION REQUIRED	

RECREATIONAL HEALTH - Public Pool - Initial Pool at Facility

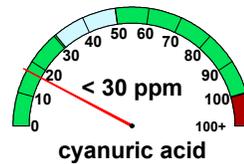
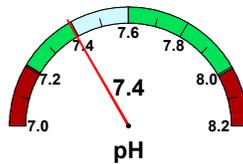
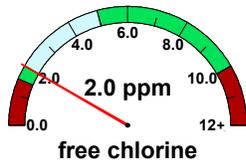
Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. The Permittee has the right to a hearing if requested in writing within 15 calendar days of receipt of this notice, to show cause why the permit to operate should not 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)	No Data
observed flow (gpm)	No Data
required flow (gpm)	50
volume (gal)	16,336
area (sq ft)	624
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.

No Violations Cited

Overall Inspection Comments

Unable to access locked equipment room.

Signature(s) of Acknowledgement

NAME:
TITLE:

Total # of Images: 0