



**RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT**

FACILITY NAME <b>ARROWHEAD PINE ROSE CABINS</b>				REINSPECTION DATE <b>Not Specified</b>	INSPECTOR <b>Yvette Velasco</b>	DATE <b>10/8/2015</b>
LOCATION <b>25994 HWY 189 , TWIN PEAKS, CA 92391</b>				PERMIT EXPIRATION <b>10/31/2015</b>	IDENTIFIER: Spa	
TIME IN <b>3:42 PM</b>	TIME OUT <b>3:58 PM</b>	FACILITY ID <b>FA0006883</b>	RELATED ID <b>PR0013925</b>	PE <b>3623</b>	SERVICE: 037 - POOL/SPA - BILLABLE INSPECTION SERVIC	
				RESULT: 03 - CORRECTIVE ACTION / NO FOLLOW UP RE		
				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. 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



temperature (°F)	No Data
observed flow (gpm)	No Data
required flow (gpm)	No Data
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:

- Meet the latest ANSI/APSP-16 performance standard
- 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.

**36K993 Re-Reinspection**

**POINTS**  
**NA**

Compliance Date: Not Specified  
Not In Compliance  
Violation Reference - HSC

**Inspector Comments:** During the last re-inspection the spa's GFCI was observed non-functional and the free chlorine levels were observed high (above 10.0ppm).

Observed the GFCI functioning properly. Observed free chlorine levels in the spa at 0.1ppm. Ensure to maintain free chlorine levels in the spa at 2.0-10.0ppm.

A billable inspection was conducted to verify compliance. No additional inspections regarding the GFCI or free chlorine levels are necessary at this time.

**Description:** Billable re-reinspection conducted at the time to determine compliance from prior inspection.

**Overall Inspection Comments**

No summary comments have been made for this inspection.

**Signature(s) of Acknowledgement**

NAME:  
TITLE:

Total # of Images: 0