



**RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT**

FACILITY NAME <b>MOTEL 29 PALMS</b>			REINSPECTION DATE <b>Not Specified</b>	INSPECTOR <b>Anies Kondoker</b>	DATE <b>10/2/2015</b>
LOCATION <b>73842 TWENTYNINE PALMS HWY, TWENTYNINE PALMS, CA 92277</b>			PERMIT EXPIRATION <b>8/31/2015</b>	IDENTIFIER: Pool SERVICE: 008 - INSPECTION - ATTEMPTED RESULT: 00 - NOT APPLICABLE ACTION: 00 - NOT APPLICABLE	
TIME IN <b>1:20 PM</b>	TIME OUT <b>1:33 PM</b>	FACILITY ID <b>FA0006849</b>	RELATED ID <b>PR0015594</b>	PE <b>3620</b>	

**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 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)	61
volume (gal)	22,089
area (sq ft)	561
occupancy	28

**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**

Observed office was closed. Observed sign that this facility is for sale.  
Inspector called the number posted on "For Sale" sign but no one answered the call.  
Observed good water clarity.  
Pool gate is padlocked.

**Signature(s) of Acknowledgement**

NAME:  
TITLE:  
Total # of Images: 0