



Record ID: PR0000879

SWIMMING POOL/SPA Inspection Report

Facility Name ELLIS LAKE APARTMENTS		Total Violations 3		Date: 05/11/2018	Total Time: 45
Facility Address 1801 ELLIS LAKE DR		Total Significant Violations 0		Start: 10:00 am	Finish: 10:45 am
City/State MARYSVILLE, CA	Zip Code 95901	Phone (530) 743-1801	Operator Name SHARON RAMSEY		Operator Phone (530) 743-1801
Program: 0860 - PUBLIC SWIMMING POOL-SPA PERMIT		Service: ROUTINE INSPECTION		Result: MINOR VIOLATIONS	

Fill in the designated compliance status (IN, OUT, N/O, N/A) for each numbered item Fill in the appropriate box for COS and/or R

In = In compliance **OUT** = Not In compliance **N/O** = Not observed **N/A** = Not applicable **COS** = Corrected on-site during inspection **R** = Repeat violation

SWIMMING POOL & SPA

1	Disinfectant Residual (ppm)	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
2	pH	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
3	Cyanuric Acid (ppm)	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT		<input type="checkbox"/> MAJ

RECORD KEEPING

4	Inadequate Record Keeping	<input type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
5	DPD Test Kit	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ

CLARITY

6	Poor Clarity	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
---	--------------	---	------------------------------	------------------------------	------------------------------

ALGAE

7	Algae Growth	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT		<input type="checkbox"/> MAJ
---	--------------	---	------------------------------	--	------------------------------

RECIRCULATION EQUIPMENT

8	Pressure Gauges	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
9	Chlorinator	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
10	Flowmeter	<input type="checkbox"/> NVO	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
11	Filter	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
12	Water Leakage	<input type="checkbox"/> NVO	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
13	Cleanliness of Area	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
14	AB1020 Compliant	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ

SKIMMERS

15	Retarded Flow	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> R	<input type="checkbox"/> COS	<input type="checkbox"/> M
16	Weir	<input type="checkbox"/> NVO	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> R	<input type="checkbox"/> COS	<input type="checkbox"/> M
17	Basket	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> R	<input type="checkbox"/> COS	<input type="checkbox"/> M
18	Skimmer Cover	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> R	<input type="checkbox"/> COS	<input type="checkbox"/> M

RESCUE & SAFETY EQUIPMENT

19	Rescue Pole with Crook	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT		<input type="checkbox"/> COS	<input type="checkbox"/> MAJ	
20	Life Ring with Rope	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT		<input type="checkbox"/> COS	<input type="checkbox"/> MAJ	
21	Artificial Respiration Procedure Sign	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT		<input type="checkbox"/> COS	<input type="checkbox"/> MAJ	
22	Warning-No Lifeguard on Duty Sign	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT		<input type="checkbox"/> COS	<input type="checkbox"/> MAJ	
23	Emergency Phone Number Sign	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT		<input type="checkbox"/> COS	<input type="checkbox"/> MAJ	
24	Keep Closed Sign on Gate	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT		<input type="checkbox"/> COS	<input type="checkbox"/> MAJ	
25	"No Diving" Sign	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> R	<input type="checkbox"/> COS	<input type="checkbox"/> M
26	No Use After Dark Sign	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> R	<input type="checkbox"/> COS	<input type="checkbox"/> M
27	First Aid Kit	<input type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ	
28	Maximum Occupancy Sign	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT		<input type="checkbox"/> COS	<input type="checkbox"/> MAJ	
29	Diarrhea Sign	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT		<input type="checkbox"/> COS	<input type="checkbox"/> MAJ	
30	Grab Rail and/or Stair Rail Loose	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ	

DECK

31	Cracks in decking	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT			<input type="checkbox"/> MAJ
32	Obstructions on deck	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT		<input type="checkbox"/> COS	<input type="checkbox"/> MAJ

Facility Name ELLIS LAKE APARTMENTS		Date: 05/11/2018	Page 2 of 2	
SWIMMING POOL & SPA				
33	Inadequate drainage of pool area	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> MAJ
BOTTOM DRAIN				
34	Cover Plate VGBA Compliant	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> MAJ
35	Drain Visible from Deck	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R	<input type="checkbox"/> COS <input type="checkbox"/> M
POOL FINISH				
36	Cracks in pool shell	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT <input type="checkbox"/> N/O	<input type="checkbox"/> MAJ
37	Rough areas in pool shell	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT <input type="checkbox"/> N/O	<input type="checkbox"/> MAJ
DIVING BOARD				
38	Non-slip Surface	<input type="checkbox"/> NVO	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> R	<input type="checkbox"/> M
39	Condition	<input type="checkbox"/> NVO	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> R	<input type="checkbox"/> M
POOL LIGHT				
40	Non-functioning pool light	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R <input type="checkbox"/> N/O	<input type="checkbox"/> M
41	Pool Light Separating from Wall	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R <input type="checkbox"/> N/O	<input type="checkbox"/> M
TILE				
42	Cracked Tiles	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS	<input type="checkbox"/> MAJ
43	Dirty Tiles	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS	<input type="checkbox"/> MAJ
44	Depth Markers	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R	<input type="checkbox"/> M
CLEANLINESS				
45	Pool Bottom Dirty	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS	<input type="checkbox"/> MAJ
46	Floating Debris in Pool	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT <input type="checkbox"/> COS	<input type="checkbox"/> MAJ
FENCING				
47	Adequacy of Fencing	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS	<input type="checkbox"/> MAJ
48	Gates Self-closing	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS	<input type="checkbox"/> MAJ
49	Gates are Self-latching	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS	<input type="checkbox"/> MAJ
50	One Means of Keyless Egress	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> MAJ
ANCILLARY FACILITY				
51	Adequacy of Bathrooms	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R <input type="checkbox"/> N/O	<input type="checkbox"/> M
52	Poor Sanitation of Bathrooms	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R <input type="checkbox"/> N/O	<input type="checkbox"/> M
53	Structural Defect in Bathrooms	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R <input type="checkbox"/> N/O	<input type="checkbox"/> M
54	Hot Water Provided in Bathrooms	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R <input type="checkbox"/> N/O	<input type="checkbox"/> M
55	Poor Sanitation of Showers	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R <input type="checkbox"/> N/O	<input type="checkbox"/> M
SPA REQUIREMENTS				
56	Spa Temperature	<input type="checkbox"/> NVO	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> R	<input type="checkbox"/> M
57	Spa Pool Warning Signs	<input type="checkbox"/> NVO	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> R	<input type="checkbox"/> COS <input type="checkbox"/> M
58	Spa Thermometer	<input type="checkbox"/> NVO	<input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> R	<input type="checkbox"/> COS <input type="checkbox"/> M

VIOLATIONS, OBSERVATIONS AND CORRECTIVE ACTIONS

Item No	Remarks
1	Disinfectant Residual (ppm): 7.5 ppm
2	pH: 7.6
3	Cyanuric Acid (ppm): 48 ppm
4	Inadequate Record Keeping: Must have 1 year of testing logs for review by YCEH
10	Flowmeter: Very low gpm being measured
12	Water Leakage: Leak observed at filter
16	Weir: Missing at deep end

Overall Inspection Comments:

Pool okay to open once filter is set to operate during all hours of use. Noted violations will be re-inspected within 30 days.

Received By	Title:	Date:
Inspector JODI BIRD	EH Technician	5/11/2018