



Record ID: PR0000906

### SWIMMING POOL/SPA Inspection Report

<b>Facility Name</b> HUNTER'S LANDING APARTMENTS			<b>Total Violations</b>	5	<b>Date:</b> 04/20/2018	<b>Total Time:</b> 60
<b>Facility Address</b> 1205 E 22ND ST			<b>Total Significant Violations</b>	0	<b>Start:</b> 10:00 am	<b>Finish:</b> 11:00 am
<b>City/State</b> MARYSVILLE, CA	<b>Zip Code</b> 95901	<b>Phone</b> (530) 743-5357	<b>Operator Name</b> DANIEL BENNETT		<b>Operator Phone</b> (530) 845-4294	
<b>Program:</b> 0860 - PUBLIC SWIMMING POOL-SPA PERMIT		<b>Service:</b> ROUTINE INSPECTION			<b>Result:</b> FAILED TO MEET STANDARDS	

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 checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input 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
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#### ALGAE

7	Algae Growth	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT		<input type="checkbox"/> MAJ
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#### 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 type="checkbox"/> NVO	<input checked="" 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 checked="" type="checkbox"/> NVO	<input 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 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
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 type="checkbox"/> NVO	<input checked="" 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 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
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 type="checkbox"/> NVO	<input checked="" 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
33	Inadequate drainage of pool area	<input type="checkbox"/> NVO	<input type="checkbox"/> OUT			<input type="checkbox"/> MAJ

Facility Name HUNTER'S LANDING APARTMENTS		Date: 04/20/2018	Page 2 of 2
<b>SWIMMING POOL &amp; SPA</b>			
<b>BOTTOM DRAIN</b>			
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	
<b>POOL FINISH</b>			
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	
<b>DIVING BOARD</b>			
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	
<b>POOL LIGHT</b>			
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	
<b>TILE</b>			
42	Cracked Tiles	<input type="checkbox"/> NVO <input checked="" 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	
<b>CLEANLINESS</b>			
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	
<b>FENCING</b>			
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	
<b>ANCILLARY FACILITY</b>			
51	Adequacy of Bathrooms	<input type="checkbox"/> NVO <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> R <input type="checkbox"/> N/O <input type="checkbox"/> M	
52	Poor Sanitation of Bathrooms	<input type="checkbox"/> NVO <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> R <input type="checkbox"/> N/O <input type="checkbox"/> M	
53	Structural Defect in Bathrooms	<input type="checkbox"/> NVO <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> R <input type="checkbox"/> N/O <input type="checkbox"/> M	
54	Hot Water Provided in Bathrooms	<input type="checkbox"/> NVO <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> R <input type="checkbox"/> N/O <input type="checkbox"/> M	
55	Poor Sanitation of Showers	<input type="checkbox"/> NVO <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> R <input type="checkbox"/> N/O <input type="checkbox"/> M	
<b>SPA REQUIREMENTS</b>			
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): 3.0
2	pH: 7.6
3	Cyanuric Acid (ppm): 40
14	AB1020 Compliant: Check as per manufacturer.
20	Life Ring with Rope: Deteriorating rope, replace before opening.
29	Diarrhea Sign: Faded, replace before opening.
42	Cracked Tiles: Several missing tiles near deep end skimmer.

**Overall Inspection Comments:**

*Prior to opening, all violations must be corrected. When pool is open for use, the door near the bathrooms must be locked (door was open during inspection).  
Call for reinspection before opening.*

Received By	Title:	Date: 4/20/2018
Inspector JODI BIRD	Title: EH Technician	Date: 4/20/2018