



Record ID: PR0000900

SWIMMING POOL/SPA Inspection Report

Facility Name LAKE CREST APARTMENTS		Total Violations 11		Date: 05/31/2018	Total Time: 60
Facility Address 1100 E 17TH ST		Total Significant Violations 0		Start: 10:30 am	Finish: 11:30 am
City/State MARYSVILLE, CA	Zip Code 95901	Phone (530) 743-6749	Operator Name SHIRLEY EAKES		Operator Phone (530) 743-6749
Program: 0860 - PUBLIC SWIMMING POOL-SPA PERMIT		Service: ROUTINE INSPECTION		Result: 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 type="checkbox"/> NVO	<input checked="" 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 checked="" 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 type="checkbox"/> NVO	<input checked="" 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 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 type="checkbox"/> NVO	<input checked="" 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 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
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 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
27	First Aid Kit	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input 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 type="checkbox"/> NVO	<input checked="" 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		Date:	Page 2 of 4
LAKE CREST APARTMENTS		05/31/2018	
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 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 type="checkbox"/> NVO <input checked="" 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 type="checkbox"/> NVO <input checked="" 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"/> N/A <input type="checkbox"/> R	<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"/> N/A <input type="checkbox"/> R	<input type="checkbox"/> MAJ
ANCILLARY FACILITY			
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
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): 3
2	pH: 7
3	Cyanuric Acid (ppm): 30
4	<p>Inadequate Record Keeping: Records for the pool facility are Inadequate/ Missing. The facility shall Correct this violation immediately and must be submitted to Environmental Health in 7 days after the routine inspection date. Failure to provide an accurate, readable Daily Log, the facility shall be CLOSED for one week; (7) Days. After the one week closure of the pool facility a Daily log must be submitted to Environmental Health. Failure to do so will result in another one week CLOSURE of the pool facility and so on until adequate records are kept. The facility shall maintain a Daily log of the pool chemistry including;</p> <ol style="list-style-type: none"> 1. Disinfectant Residual 2. pH 3. Cyanuric Acid (if applicable) 4. Chemicals Added 5. Filter Back Flushing <p>CPC § 65523. Operation Records.</p> <p>(a) Except as provided in Health and Safety Code section 116048, the pool operator of every public pool open for use at a public pool site shall test the disinfectant residual and pH of the public pool water a minimum of once per day. The pool operator shall also test heated pools' water temperature a minimum of once per day. The pool operator may perform these daily tests using a properly calibrated automatic chemical monitoring and control system if approved by the enforcing agent and in accordance with the manufacturer's equipment specifications for calibration and directions for proper use. The pool operator shall maintain a written daily record of all test results, equipment readings and calibrations, and corrective action taken at the public pool site.</p>
9	Chlorinator: Unable to check the chlorinator for tablets. No tablets on-site and there are a lot of empty liquid chlorine bottles in the filter area. Remove empty bottles and provide proof that system is using the chlorinator as required.
10	Flowmeter: Pool currently running at below 20 gpm. It does not appear that this flow rate will be able to accomplish the correct turnover rate for this size of pool. Pool operator states that the equipment runs very fast when it first comes on-line. I explained that a public pool must accomplish a 6 hour turnover rate at all times when open for use. Please provide proof that this pool can accomplish this rate. This issue must be corrected/approved within 7 days.
13	Cleanliness of Area: Filter area has a lot of debris & dirt. Clean area.
17	Basket: Empty baskets prior to opeing.
26	<p>No Use After Dark Sign: The pool facility was observed without/unreadable NO SWIMMING AFTER DARK sign when applicable. The facility must provide a clearly readable NO SWIMMING AFTER DARK sign when applicable. Correct within 24 hours.</p> <p>SECTION 3120B REQUIRED SIGNS</p> <p>3120B.9 No use after dark. Where pools were constructed for which lighting was not required, a sign shall be posted at each pool entrance on the outside of the gate(s) stating, "NO USE OF POOL ALLOWED AFTER DARK."</p>

Facility Name LAKE CREST APARTMENTS		Date: 05/31/2018	Page 4 of 4
31	<p>Cracks in decking: The pool facility has cracked/not in good repair decking around the pool facility. The facility must repair all cracks in the decking. Correct by next pool season.</p> <p>SECTION 3114B POOL DECKS</p> <p>3114B.1 General. A minimum continuous and unobstructed 4-foot wide (1219 mm) slip resistant, cleanable, nonabrasive deck area of concrete or like material shall be provided flush with the top of the pool coping extending completely around the pool, and the deck area shall further extend 4 feet (1219 mm) on both sides and rear of any diving board, fixed disabled access assistance device or slide and their appurtenances. The deck width shall be measured from the poolside edge of the coping lip. Exceptions: A deck at least 4 feet (1219 mm) in width shall extend around a continuous 50 percent or more of the perimeter of a spa pool.</p> <p>Note: [DSA-AC] Any mechanism provided to assist persons with disabilities in gaining entry into the pool and in exiting from the pool shall comply with Chapter 11B, Section 1104B4.3, Participation Areas.</p> <p>3114B.2 Deck between pools and/or spas. Where multiple pools and/or spas are built adjacent to each other, the deck width separating them shall be a minimum of 6 feet (1830 mm).</p> <p>3114B.3 Deck slope. The pool's deck surface shall have a slope of no less than 1 percent (1/8 inch per foot) but no more than 2 percent (1/4 inch per foot) away from the pool to a deck drainage system and shall be constructed and finished to prevent standing water.</p> <p>3114B.4 Deck covering. Deck coverings or other materials that are not equivalent to concrete in strength, durability and slip resistance and are not able to withstand repeated brushing, scrubbing or cleaning procedures shall not be installed or used within 4 feet (1219 mm) of the pool.</p> <p>3114B.5 Unpaved areas. Landscape plants, flower beds or similar unpaved areas shall not be located within 4 feet (1219 mm) of a spa pool.</p>		
42	Cracked Tiles: Missing tile at shallow end skimmer. Also, grout missing at bull-nose tile next to the deep end skimmer.		
43	<p>Dirty Tiles: The pool facility was observed with dirt, scum, and debris on the tiles. The facility shall maintain the tiles so that they are free of dirt, scum, and debris. Correct within 7 days.</p> <p>§ 65533. Public Pool Cleanliness.</p> <p>(a) The pool operator shall maintain clean pool water while the public pool is in use. The pool operator shall not allow debris, including, but not limited to, floating scum, sputum, trash or leaves to accumulate in the public pool. The pool operator shall ensure that water levels shall be maintained and operated to remove such material continuously through the pool skimming system in accordance with Section 3136B, Title 24, California Building Code.</p> <p>(b) The pool operator shall clean the bottom, sides and other surfaces of the public pool as often as necessary to keep the bottom, sides and public pool surfaces clean and free of slime and algae.</p>		
45	<p>Pool Bottom Dirty: The pool facility was observed with dirt, scum, and debris within the pool. The facility shall maintain the water and the premises free of dirt, scum, and debris. Correct within 7 days.</p> <p>§ 65533. Public Pool Cleanliness.</p> <p>(a) The pool operator shall maintain clean pool water while the public pool is in use. The pool operator shall not allow debris, including, but not limited to, floating scum, sputum, trash or leaves to accumulate in the public pool. The pool operator shall ensure that water levels shall be maintained and operated to remove such material continuously through the pool skimming system in accordance with Section 3136B, Title 24, California Building Code.</p> <p>(b) The pool operator shall clean the bottom, sides and other surfaces of the public pool as often as necessary to keep the bottom, sides and public pool surfaces clean and free of slime and algae.</p>		
<p>Overall Inspection Comments:</p> <p><i>Pool okay to open once pH is within acceptable levels. All other violations must be corrected within 30 days unless noted differently in this report.</i></p> <p><i>Fax report - same #</i></p>			
Received By		Title:	Date: 5/31/2018
Inspector JODI BIRD		Title: EH Technician	Date: 5/31/2018