



Record ID: PR0004155

### SWIMMING POOL/SPA Inspection Report

<b>Facility Name</b> THE GROVE APARTMENTS		<b>Total Violations</b> 1		<b>Date:</b> 06/07/2018	<b>Total Time:</b> 60
<b>Facility Address</b> 1491 HAMMNTN-SMRTVLL RD		<b>Total Significant Violations</b> 0		<b>Start:</b> 10:30 am	<b>Finish:</b> 11:30 am
<b>City/State</b> MARYSVILLE, CA	<b>Zip Code</b> 95901	<b>Phone</b> (530) 763-4700	<b>Operator Name</b> April Mua		<b>Operator Phone</b> (530) 763-4700
<b>Program:</b> 0860 - PUBLIC SWIMMING POOL-SPA PERMIT		<b>Service:</b> FOLLOW-UP		<b>Result:</b> MEETS 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 checked="" type="checkbox"/> NVO	<input 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 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 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 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 checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT		<input type="checkbox"/> MAJ

Facility Name THE GROVE APARTMENTS		Date: 06/07/2018	Page 2 of 3	
<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 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
<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 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
<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

<b>Facility Name</b> THE GROVE APARTMENTS		<b>Date:</b> 06/07/2018	<b>Page 3 of 3</b>
<b>VIOLATIONS, OBSERVATIONS AND CORRECTIVE ACTIONS</b>			
<b>Item No</b>	<b>Remarks</b>		
1	Disinfectant Residual (ppm): 1.0 ppm. During review of daily records it was noted that on several occasions there was zero residual, make sure the chlorinator is continuously injecting disinfectant into the pool.		
2	pH: 7.6		
3	Cyanuric Acid (ppm): 0		
4	Inadequate Record Keeping: Every day pool is open, pool must be tested and the results recorded.		
9	<p>Chlorinator: The pool facility was observed without an adequate disinfectant chemical feeder. The facility must maintain an automatic chemical feeder. The facility is currently receiving bids for new system installation. ETA will be provided. Correct within 30 days or Closure of the pool facility shall be required.</p> <p>CBC § 3133B CHEMICAL FEEDERS:</p> <p>&gt; All chemical feeders including disinfectant feeders and the auxiliary feeders used for solutions, slurries or solids, along with components such as pumps, strainers, tubing connections, tanks and injection fittings shall comply with the provisions of this section.</p> <p>3133B.1 General design requirements. The chemical feeder equipment shall:</p> <ol style="list-style-type: none"> <li>1. Be maintained and repaired according to manufacturers' specifications;</li> <li>2. Be constructed with an adjustable output rate device to permit repeated adjustments without loss of output rate accuracy and adjusted by an automatic chemical monitoring and control system; and</li> <li>3. Meet the applicable requirements established by the NSF/ANSI 50-2010 performance standard effective August 2010.</li> </ol>		
<b>Overall Inspection Comments:</b> <i>Pool okay to open. Email ETA of chemical feeder system once a bid is accepted.</i>			
<b>Received By</b>		<b>Title:</b>	<b>Date:</b>
Inspector JODI BIRD		EH Technician	6/7/2018