

SWIMMING POOL OFFICIAL INSPECTION REPORT

Facility Name HIGHLANDS SWIM CLUB (WADE POOL) Address 41900 PALM AVE City FREMONT
 Owner/Operator HIGHLANDS SWIM CLUB Business Phone (510) 438-9949

CT 422	CO#/SR#	<input checked="" type="checkbox"/> POOL <input type="checkbox"/> SPA <input checked="" type="checkbox"/> Routine () FU () C/O () Construction () Consult
RESIDUAL: <u>10.0</u> PPM Chlorine <input checked="" type="checkbox"/> Bromine <input type="checkbox"/> UV/Hydrogen Peroxide <input type="checkbox"/> UV reading: _____ mw sec./sq.cm. ORP Reading: <u>650</u> millivolts		Req. Flow Rate _____ <u>Actual Flow Rate</u> _____ Influent Press. <u>21</u> Effluent Press. <u>4</u>
SIZE/MAKE/MODEL #: Pump <u>PUREX TRITON WHISPERFLO 1.0 HP</u> Filter <u>JANDY DEV48</u> Sanitizer <u>STENNER 35MS</u>		Spa Temp: <u>N/A</u> °F Max 104 °F pH <u>7.2</u> (Range 7.2 - 7.8) Cyanuric <u>90</u> (Less than 100 ppm) Water Sample <input checked="" type="checkbox"/> Combined Chlorine _____ (0.4 ppm max)

The marked items represent violations of Title 22 & 24, Calif. Code of Regulations and must be corrected as follows. **Critical violations printed in red require reinspection. * Violations marked with an asterisk require pool closure.**

<ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. *Provide/maintain self-closing gate / door to pool areas with self latching hardware at least 42 inches above finished grade. <input type="checkbox"/> 2. *Provide minimum fence height of 4 ft. with no openings or gaps exceeding 4" (pools constructed after July 1, 1994 required to have minimum height 5 ft. and bottom not to exceed 2" above grade, horizontal bars 48" apart, no openings or gaps >4"). <input type="checkbox"/> 3. *Maintain free chlorine/bromine at (min.) _____ ppm. <input type="checkbox"/> 4. *Maintain pH between 7.2 and 7.8. <input type="checkbox"/> 5. *Maintain stabilizer (cyanuric acid) level under 100 ppm. <input type="checkbox"/> 6. *Maintain acceptable water clarity/main drain clearly visible. <input type="checkbox"/> 7. *Provide/repair spa emergency shutoff switch. <input type="checkbox"/> 8. *Limit spa pool water temperature to maximum of 104°F. <input type="checkbox"/> 9. *Secure/ replace missing main drain/equalizer, suction cover(s) with approved type. <input type="checkbox"/> 10. Install missing ladder at deep end (depth greater than 4 1/2 ft.) <input type="checkbox"/> 11. *Install / maintain approved automatic chlorinator / brominator. <input type="checkbox"/> 12. *Repair/maintain GFCI on underwater pool light. <input type="checkbox"/> 13. *Operate filtration system to maintain disinfection levels during hours of operation. <input type="checkbox"/> 14. *Install Wade pool: 2 main drains, 3' separation/antivortex/ ≤ 6'/sec. <input type="checkbox"/> 15. *Changed equipment or plumbing without EHD approval. <input checked="" type="checkbox"/> 16. Post the following safety signs (must be readable): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Warning-Do not enter pool with active Diarrhea + KEEP GATE CLOSED _____ Warning-No lifeguard on duty. _____ Diagrammatic illustration of artificial respiration. _____ Emergency telephone number 9-1-1. _____ Occupancy load (maximum capacity). _____ No diving allowed (pools with max. depth less than 6 ft.) _____ Spa emergency shut-off switch. _____ Spa use warning. <ul style="list-style-type: none"> <input type="checkbox"/> Elderly persons, pregnant women, infants and those with . . . <input type="checkbox"/> Unsupervised use by children under the age of 14 is prohibited. <input type="checkbox"/> Hot water immersion while under the influence of alcohol . . . <input type="checkbox"/> Do not use alone. <input type="checkbox"/> Long exposure may result in nausea, dizziness or fainting. 	<ul style="list-style-type: none"> _____ Emergency exit sign-required on keyless egress when accompanied with keyed gates (after 7-1-94). _____ No use of pool allowed after dark (pools or deck area without lights) <input type="checkbox"/> 17. Provide body hook permanently attached to pole (12 ft. min.) <input type="checkbox"/> 18. Provide life ring with a rope to span maximum width of pool. <input type="checkbox"/> 19. Provide approved pool water test kit (DPD). <input type="checkbox"/> 20. Provide cyanuric acid (stabilizer) test kit. <input type="checkbox"/> 21. Maintain daily record of pool operation <input type="checkbox"/> 22. Maintain water level between midpoint of skimmer opening or depth marker. <input type="checkbox"/> 23. Eliminate algae growth in pool. <input type="checkbox"/> 24. Remove debris / vacuum pool. <input type="checkbox"/> 25. Repair cracked/missing/unclean tile. <input type="checkbox"/> 26. Replace broken/missing/unreadable depth marker tiles. <input type="checkbox"/> 27. Resurface pool shell: plaster is chipped, cracked or pitted. <input type="checkbox"/> 28. Provide 4" wide slip-resistant tile line across bottom at 4.5 ft. depth (pools > 5 ft. deep). <input type="checkbox"/> 29. Maintain 4 ft. of unobstructed deck. Eliminate trip/slip hazard. <input type="checkbox"/> 30. Repair/replace/secure hand and grab railings/ladders. <input type="checkbox"/> 31. Repair/maintain/provide adequate pool/deck lighting. <input type="checkbox"/> 32. Maintain restrooms / dressing rooms / shower facilities. <input type="checkbox"/> 33. Provide / repair drinking fountain, hose bib(s), anti-siphon. <input type="checkbox"/> 34. Replace broken/missing / skimmer / strainer basket / weir / restricted check valve / float valve assembly. <input checked="" type="checkbox"/> 35. Provide / repair / replace flow meter. <input type="checkbox"/> 36. Provide/replace influent / effluent pressure gauge(s). <input type="checkbox"/> 37. Repair/replace leaking equipment. <input type="checkbox"/> 38. Maintain pool equipment room. <input type="checkbox"/> 39. Repair/maintain approved filtration system. <input type="checkbox"/> 40. Maintain turnover rate or minimum flow rate. <input type="checkbox"/> 41. Post current health permit (e.g. in pump room) <input checked="" type="checkbox"/> 42. Other <u>VGB DRAIN COVERS</u>
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The above noted violations must be corrected by _____ . A construction permit for the above corrections may be required by your local Building Department.

REINSPECTION REQUIRED - NOTE: A fee \$ _____ will be charged for each reinspection as authorized by current County ordinance and is due 30 days after billing.

POOL/SPA CLOSURE: THIS POOL IS HEREBY CLOSED BY THE DEPARTMENT OF ENVIRONMENTAL HEALTH. IT IS TO REMAIN CLOSED UNTIL REOPENED BY THIS DEPARTMENT. (GATES MUST BE CLOSED AND LOCKED.)

Environmental Health Specialist: <u>PAOLO AMADOR</u> <i>[Signature]</i>	Phone: (510) <u>567-6792</u>	Date: <u>9/10/2017</u>
Received by: <u>FRANK GYGAX @ COMCAST.NET</u>	Title: <u>POOL MANAGER</u>	Time In: <u>1:00 PM</u> Time out: <u>2:25 PM</u>

SWIMMING POOL OFFICIAL INSPECTION REPORT

Facility Name HIGHLANDS SWIM CLUB (WADE POOL) Address 4100 PALM AVE City FREMONT
 Owner/Operator HIGHLANDS SWIM CLUB Business Phone (510) 438-9449

OBSERVATIONS AND CORRECTIVE ACTIONS

1. MAIN ENTRANCE GATE DOES NOT SELF-CLOSE OR SELF-LATCH. (1)
 ↳ INSTALL A SELF-CLOSING MECHANISM ON ENTRANCE GATE AND ENSURE GATE IS SELF-LATCHING.
 COMPLY BY NEXT POOL SEASON.

NOTE: POOL IS ONLY OPEN WEEKENDS UNTIL 10/11/2017 WHEN POOL CLOSERS FOR THE SEASON. A GATE ATTENDANT AND 2 GUARDS ARE PRESENT DURING OPERATING HOURS AND THE GATE IS LOCKED OTHERWISE.

2. ENTRANCE GATE IS MISSING THE 'ACTIVE DIARRHEA WARNING' AND THE 'KEEP GATE CLOSED' SIGN. (16)
 ↳ PROVIDE THE NOTED SIGNS ON THE EXTERIOR OF THE ENTRANCE GATE. COMPLY BY NEXT POOL SEASON.

3. FLOW METER APPEARS STUCK AND/OR NON-FUNCTIONAL. (35)
 ↳ REPAIR OR REPLACE THE FLOW METER. COMPLY BY NEXT POOL SEASON.

4. EFFLUENT PRESSURE GAUGE MEASURES AT 4 PSI AND INFLUENT PRESSURE GAUGE MEASURES AT 21 PSI; PRESSURE DIFFERENTIAL EXCEEDS 10 PSI. (39)
 ↳ BACKWASH FILTER AND MAINTAIN FILTRATION SYSTEM. COMPLY BY 10/9/2017.

5. ACCORDING TO OUR DEPARTMENT RECORDS, THE AQUASTAR MAIN DRAIN AND EQUALIZER LINE COVERS INSTALLED ON 4/12/2010 HAVE EXCEEDED THEIR MANUFACTURER'S EXPIRATION DATE (5 YEARS). (42)


IN ORDER TO REMAIN IN COMPLIANCE WITH THE VIRGINIA GRAEME BAKER POOL & SPA SAFETY ACT, COMPLETE THE FOLLOWING STEPS:

1) PRIOR TO PURCHASE/ INSTALLATION, SUBMIT THE FOLLOWING ALTOGETHER TO OUR OFFICE:

- 'SCOPE OF WORK'
- MANUFACTURER'S SPECIFICATION SHEETS
- 'PLAN CHECK WORKSHEET' (YELLOW PORTION ONLY)
- \$174.00 PLAN CHECK FEE (CASH, CARD, OR CHECK/MONEY ORDER MADE PAYABLE TO 'ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH')

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Environmental Health Specialist: <u>PAOLO AMADOR</u> 	Phone: (510) <u>567-6792</u>	Date: <u>9/28/2017</u>
Received by: <u>FRANKYGAX@COMCAST.NET</u>	Title: <u>POOL MANAGER</u>	Time in: <u>1:00 PM</u> Time out: <u>2:30 PM</u>

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 Owner/Operator HIGHLANDS SWIM CLUB Business Phone (510) 438-9999

OBSERVATIONS AND CORRECTIVE ACTIONS


2) UPON RECEIVING WRITTEN APPROVAL FROM OUR DEPARTMENT, PROCEED WITH PURCHASE AND INSTALLATION. THE LICENSED POOL CONTRACTOR THAT COMPLETES THE WORK WILL COMPLETE AN 'AB 1020' COMPLIANCE DOCUMENT.

3) CONTACT THE DISTRICT PLAN CHECKER TO SCHEDULE A FINAL INSPECTION AND PROVIDE THE 'AB 1020'!

↳ COMPLY BY NEXT POOL SEASON. SEE HANDOUTS PROVIDED. CONTACT THE DISTRICT PLAN CHECKER WITH ANY QUESTIONS REGARDING THIS PROCESS:

NEWTON LEUNG, SENIOR REHS
 (510) 567-6815
 NEWTON.LEUNG@ACGOV.ORG

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Environmental Health Specialist: <u>PAOLO AMADOR</u> 	Phone: (510) <u>567-6792</u>	Date: <u>9/25/2017</u>
Received by: <u>FRANK GYGAX @ COMCAST.NET</u>	Title: <u>POOL MANAGER</u>	Time in: <u>1:00 PM</u> Time out: <u>2:25 PM</u>