

Public Swimming Pool Equipment Inventory Report

Health District: Darke Co.

Name of facility <u>Arcanum Village Pool</u>		Type visit <input checked="" type="checkbox"/> Standard	Type pool <input checked="" type="checkbox"/> Pool <input type="checkbox"/> SPA <input checked="" type="checkbox"/> SUP	Setting <input type="checkbox"/> Wading pool <input type="checkbox"/> Zero Entry <input type="checkbox"/> Spray ground	Special feature <input checked="" type="checkbox"/> Kiddie slide <input type="checkbox"/> Water slide <input type="checkbox"/> Playground slide <input type="checkbox"/> Fountain <input type="checkbox"/> Rec slide <input type="checkbox"/> Other _____
Address <u>1 Pool Dr.</u>					
City <u>Arcanum</u>					
Insp. date (mm/dd/yy) <u>6-1-18</u>	Insp. time	Travel time (min)			
Surface area (sf) <u>41632</u>	Volume (gallons) <u>190,000</u>	Turnover rate (min) [30, 120, 240, 480,] <u>480</u>	Min. required flow (gpm) (Volume/Turnover-Rate) <u>390</u>		

Authority: OAC 3701-31-03(F)(1) The following section shall be completed annually for each public swimming pool to verify the equipment installed and that there have been no unauthorized changes

Filter(s) # <u>1</u>	<input checked="" type="checkbox"/> Sand <input type="checkbox"/> DE	<input type="checkbox"/> Cartridge <input type="checkbox"/> Vacuum Pressure	Make <u>ROCEONICS</u>	Model # <u>22700184</u>	Total filter area (sf) <u>28.5</u>	Max. allowable filter flow (gpm) <u>710</u>
(If different than above) #	<input type="checkbox"/> Sand <input type="checkbox"/> DE	<input type="checkbox"/> Cartridge <input type="checkbox"/> Vacuum Pressure	Make	Model #	Total filter area (sf)	Max. allowable filter flow (gpm)
Pumps # <u>1</u>	Circulation <u>Pentair Aquatic</u>		Make <u>Nema Premium</u>	Model # <u>BV83</u>	Hp <u>7.5</u>	Hair/ lint strainer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No n/a on vacuum DE filters
#	<input type="checkbox"/> Jet <input type="checkbox"/> Special feature		Make	Model #	Hp	Max. allowable flow (gpm)
#	<input type="checkbox"/> Jet <input type="checkbox"/> Special feature		Make	Model #	Hp	Max. allowable flow (gpm)
#	<input type="checkbox"/> Jet <input type="checkbox"/> Special feature		Make	Model #	Hp	Max. allowable flow (gpm)
Air pump	Make		Model #	Hp	The pump or a vertical air loop shall be 12 in. min. above static water level	

Meters and Gauges: Meters and gauges shall be properly installed and maintained in good repair at all times the pool operates.

Flow meter/ Circulation	<input checked="" type="checkbox"/> Flow reading <input type="checkbox"/> Pump curve	Range (gpm) <u>200-1050</u>	Reading (gpm) <u>400</u>		
Flow meter/ Jet/hydrotherapy	<input type="checkbox"/> Flow reading <input type="checkbox"/> Pump curve	Range (gpm)	Reading (gpm)		
Flow meter/ Special features	<input type="checkbox"/> Flow reading <input type="checkbox"/> Pump curve	Range (gpm)	Reading (gpm)		
Pressure gauge	<input type="checkbox"/> Gauge on top of filter(s) Reading (psi)	<input type="checkbox"/> On pump impellor housing Reading (psi)	<input checked="" type="checkbox"/> Filter Inlet gauge Reading (psi) <u>7</u>	<input type="checkbox"/> Filter Outlet gauge Reading (psi)	<input type="checkbox"/> Other location: Reading (psi)
Vacuum gauge	<input type="checkbox"/> On hair-lint strainer Reading (psi)	<input type="checkbox"/> Other location: Reading (psi)	<input type="checkbox"/> Reading (psi)		
Disinfection Primary feeder	(Check all the apply) <input type="checkbox"/> Calcium hypochlorite <input checked="" type="checkbox"/> Sodium hypochlorite <input type="checkbox"/> Bromine <input type="checkbox"/> DI-Chloro <input type="checkbox"/> Tri-Chloro <input type="checkbox"/> Salt			Make <u>Fluxio</u>	Model # <u>A1N30A-7T</u>
Secondary units	<input type="checkbox"/> UV light <input type="checkbox"/> Ozone <input type="checkbox"/> Ionization: Copper-Silver			Make	Model #
Auto chemical controller	Displays pH & ORP/HRR	Make	Model #	Pump interlock/flow switch: <input type="checkbox"/> Yes <input type="checkbox"/> No	
pH feeder	<input type="checkbox"/> Muriatic acid <input checked="" type="checkbox"/> Sulfuric acid <input type="checkbox"/> Sodium bisulfate		Make	<u>Fluxio</u>	<u>A1N30A-6T</u>
Safety vacuum Release system	Make	Model #	ODH construction inspection on file or Certificate of installation on file: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Fill water/ approved source	<input checked="" type="checkbox"/> Public water supply <input type="checkbox"/> Non-community <input type="checkbox"/> Well	<input checked="" type="checkbox"/> Fill spout, line w/ air gap <input type="checkbox"/> Hose bibb w/ BFPV		Back Flow Prevent Valve ASSE #	
Waste water	Discharge to sanitary sewer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Discharge to Semi-public sewage disposal system? <input type="checkbox"/> Yes <input type="checkbox"/> No	Backflow protection for waste lines: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Air gap provided? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Equipment labels are intact and legible or information is on file for reference? Yes No

For equipment changes, other than IDENTICAL, an Equipment Replacement Notification report form (HEA 5234) must be submitted for approval.

Remarks Some new paint: Blue Ice

Nema Premium is brand of motor, not pump.

Sanitarian/other <u>Septulibely</u>	Phone <u>548-4194</u>	Operator or Rep. representative <u>Bill West</u>	Phone <u>937-467-1865</u>
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