

Public Swimming Pool Equipment Inventory Report

Health District: Darke County

Name of facility <u>Arceum Village Wading Pool</u>		Type visit <input checked="" type="checkbox"/> Standard	Type pool <input checked="" type="checkbox"/> Pool <input type="checkbox"/> SPA <input type="checkbox"/> SUP	Setting <input checked="" type="checkbox"/> Wading pool <input checked="" type="checkbox"/> Zero Entry <input type="checkbox"/> Spray ground	Special feature <input 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>Pool Dr</u>		City <u>Arceum</u>		Insp. date (mm/dd/yy) <u>6-1-18</u>	
Insp. time		Travel time (min)		Surface area (sf) <u>428</u>	
Volume (gallons) <u>2670</u>		Turnover rate (min) [30, 120, 240, 480,] <u>120</u>		Min. required flow (gpm) [Volume/Turnover-Rate] <u>23</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) #	<input type="checkbox"/> Sand <input checked="" type="checkbox"/> DE	<input type="checkbox"/> Cartridge <input type="checkbox"/> Vacuum Pressure	Make <u>Hayward</u>	Model # <u>DE2400</u>	Total filter area (sf) <u>241</u>	Max. allowable filter flow (gpm) <u>48</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 #	Circulation		Make <u>Hayward</u>	Model # <u>Suprpump</u>	Hp <u>1</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>40-40</u>	Reading (gpm) <u>47</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 checked="" type="checkbox"/> Gauge on top of filter(s) Reading (psi) <u>15</u>	<input type="checkbox"/> On pump impellor housing Reading (psi)	<input type="checkbox"/> Filter Inlet gauge Reading (psi)	<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 that apply) <input type="checkbox"/> Calcium hypochlorite <input type="checkbox"/> Di-Chloro <input checked="" type="checkbox"/> Sodium hypochlorite <input type="checkbox"/> Tri-Chloro <input type="checkbox"/> Bromine <input type="checkbox"/> Salt			Make <u>Flexflo</u>	Model # <u>AIN 00A6T</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 <u>NA</u>	<input type="checkbox"/> Sulfuric acid	<input type="checkbox"/> Sodium bisulfate	Make	Model #
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
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		Back Flow Prevent Valve ASSE #
				Air gap provided? <input checked="" type="checkbox"/> Yes <input 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: New Paint : Blue Ice

Sanitation/other <u>Septic</u>	Phone <u>548-41910</u>	Operator/representative <u>Beth Kell</u>	Phone <u>937-467-1868</u>
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