# Public Swimming Pool Inspection Report

**Name of facility:** Titanium Village Pool

**Address:** 1 Pool Drive

**City:** Akron

**Health District:** 

**Special feature (SF):**
- Kidney slide
- Playground slide
- Rec slide
- Water slide
- Fountain
- Other

**Inspection Date (mm/dd/yy):** 7/18/94

**Insp Time:** 1:45 PM

**Travel Time:** 0:18

**ID no.:**

**License no.:**

**Surface area (sf):** 1432

**Required turnover rate (min):** 30

**Volume (gallons):** 19000

**Required flow min. (gpm) [Volume/Time]:** 396

**Flow measure reading (gpm):** 460

**Max. allow. flow: (gpm) [filter label]:**

**Max. allow. flow: SF pump capacity (gpm):**

**Max. allow. flow: Jet pump capacity (gpm):**

### Critical violations (3701-31-04/B(1)-(4))

- (a) Outlet covers installed/secured to comply in accordance with 3701-31-04/B(1)(a)
- (b) SVRS devices functioning as required
- (c) Disinfection residual as required
- (d) Circulation/Disinfection system operating properly
- (g) Water clarity; can see pool bottom
- (j) Pool treated after RWI

### Water Quality 3701-31-04 C, D

- (A) Total Chlorine-Cl₂ (ppm)
- (B) Free Chlorine-Cl₂ (ppm) ≥ 1.2
- (C) Combined-Cl₂ (ppm) ≤ 1
- (D) Total Bromine-Br₂ (ppm) ≥ 2.5
- (E) ORP/HRR (millivolts) ≥ 650
- (F) Cyanuric acid (ppm) ≤ 70

### Responsibilities of the Operator 3701-31-04

- (A) License is displayed or on file
- (B) No domestic animals unless otherwise permitted
- (D) Chemicals are manually added while bathers are not present
- (E) Exclusion of people of obvious infectious wound or experiencing diarrhea/vomiting

### The Items Listed Below Are in Violation of Ohio Administrative Code Chapter 3701-31 and Must Be Corrected

Cite the specific rule number, explain where and what violation has occurred, and when the violation must be corrected.

(462) pH 7.2-7.8

7.0

(460) Chlorine 7.2-7.8

7.0

(370) Alkalinity (ppm) [min 60]

[Value]

(410) Pool water temp ≤ 90°F

80°F

(410) Spa water temp ≤ 104°F

80°F

(410) Spa water replaced every 30 days

### Remarks

- See additional remarks on the attached form, HEA 5217
- Re-inspection required? Yes

**Compliance date:**

**License:**

**Operator or Representative:**

**Phone:** 850-196