Public Swimming Pool Inspection Report

Health District: Darke County

Name of facility	Arcanum Village Wading Pool	Type/visit	Type pool	Setting		Special feature (SF)
Address	1 Pool Drive	☑ Standard ☐ Re-inspection ☐ Complaint ☐ Epi Investigation ☐ Consultation	☑ Pool ☐ SPA ☐ SUP	☑ Wading pool ☐ Zero Entry ☐ Spray ground ☐ School ☐ Govt ☐ MHP ☐ Indoor ☑ Outdoor ☐ Camp ☐ Apartment/Condo ☐ Hotel/motel ☐ Other _____		☐ Kiddie slide ☐ Playground slide ☐ Rec slide ☐ Water slide ☐ Fountain ☐ Other _____
City	Arcanum					

Insp date (mm/dd/yy)	6/10/19	Insp Time		Travel Time		ID no.			License no.	2
Surface area (sf)	423	Required turnover rate (min) [ie 30]	120	Volume (gallons)	2670			Required flow min: (gpm) [Volume/TRate]		23

☐ Check if in violation of the Ohio Administrative Code 3701-31-04 (A-E); NA= Not Applicable

☐ Flow measure reading (gpm)	47	☐ Max allow. filter 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)(a-l)

☐ (a) Outlet covers installed/secured/ in compliance	☐ (d) Circulation/Disinfection system operating properly	☐ (g) Water clarity: (can see pool bottom)	☐ (j) Pool treated after RWI
☐ (b) SVRS devices functioning	☐ (e) Automatic chemical controller functioning properly	☐ (h) Natural or artificial light sufficient	☐ (k) Proper use/storage of chemicals
☐ (c) Disinfection residual as required	☐ (f) Lifeguards on duty	☐ (i) Fecal accident treated properly	☐ (l) No Electrical hazards present

Water Quality 3701-31-04 C, D

(Circle disinfectant used) Calcium Hypochlorite Sodium Hypochlorite Bromine Di-Chlor Tri-Chlor Salt **Monopersulfate (if present will interfere with DPD test kit results)	☐ (D)(6) Total Chlorine- Cl$_2$ (ppm)	4	☐ (C)(2) pH [7.2-7.8]	7.4
	☐ (D)(6) Free Chlorine-Cl$_2$ (ppm) [≥ 1; 2]	4	☐ (C)(3) Alkalinity (ppm) [min 60]	<100
	☐ (D)(6) Combined-Cl$_2$/ (ppm) [≤ 1]	0	☐ (C)(6) Pool water temp [≤ 90° F]	74
Secondary disinfection (circle if used) UV light (MJoules/cm²) Ozone (ppm) Ionization: Copper-Silver (ppm)	☐ (D)(6)Total Bromine-Br$_2$ (ppm) [≥ 2; 4]		☐ (C)(7) Spa water temp [≤ 104° F]	
	☐ (D)(6) ORP/HRR (millivolts) [≥ 650]		☐ (C)(8) Spa water replaced every 30 days	
	☐ (D)(5) Cyanuric acid (ppm) ≤ 70			

Responsibilities of the Operator 3701-31-04

☐ (A) License is displayed or on file	☐ (B)(7) No domestic animals unless otherwise permitted	☐ (D)(9) Chemicals are manually added while bathers are not present
☐ (A) All construction or alterations of a pool done with approved plans	☐ D)(1) No gas chlorine for disinfection	☐ (E)(1) Exclusion of people with obvious infectious wound or experiencing diarrhea/vomiting
☐ (B) All facilities are maintained clean, safe and sanitary condition and in good repair	☐ (D)(2) Pool is continuously disinfected by a feeding device connected to circulation system	☐ (E)(2) Safety equipment is visible and accessible
☐ (B)(2) Authorized representative available within 30 minutes	☐ (D)(3) Mixing tank for spray ground has disinfection	☐ (E)(3) Appropriate signs are posted
☐ (B)(3) Staff are knowledgeable of equipment and pool operation	☐ (D)(4) Secondary disinfection device is not adversely affecting water quality	☐ (E)(4) Lifeguards are provided and on duty as required
☐ (B)(4 & 5) Operational records maintained and on file	☐ (D)(7) Automatic chemical controller is functioning properly	
☐ (B)(6) All equipment maintained in clean, safe and sanitary condition and in good repair	☐ (D)(8) Test kit is maintained and complete	

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.

No violations noted.

REMARKS
☐ See additional remarks on the attached form, HEA 5217
Re-inspection required? ☐ Yes ☐ No;
Compliance date: _____

Sanitarian (other)	Vickie Reller	Phone	548-4196	Operator or Representative	Bill Yess	Phone	(937) 467-1868