Public Swimming Pool Inspection Report

Name of Facility: Greenville YMCA

Address: 301 Wagner Rd

City: Greenville

Health District: Darke County

Type visit: Standard

Setting: Pool

Special Feature (SF):

Date: 8/24/19

Required turnover rate (min): 30

Volume (gallons): 45000

License no.: 2

Flow measure reading (gpm): 350

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

Max allow. flow: SF pump capacity (gpm)

Max allow. flow: Jet pump capacity (gpm)

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

Critical violations (3701-31-04(B)(1)(a-f))

(a) Outlet covers installed/secured/in compliance
(b) SVRS devices functioning
(c) Circulation/Disinfection system operating properly
(d) (g) Water clarity: (can see pool bottom)
(e) Automatic chemical controller functioning properly
(f) (i) Pool treated after RWI

Water Quality 3701-31-04 C, D

(Circle disinfectant used)
Calcium Hypochlorite
Sodium Hypochlorite
Bromine
Di-Chlor
Tri-Chlor
**Monopersulfate** (if present will interfere with DPD test kit results)

Secondary disinfection (circle if used)
UV light (Micrograms/cm²)
Ozone (ppm)
Irrigation: Copper-Silver (ppm)

Responsibilities of the Operator 3701-31-04

(A) License is displayed or on file

(B) No domestic animals unless otherwise permitted

(C) No gas chlorine for disinfection

(D) Pool is continuously disinfected by a feeding device connected to circulation system

(E) Safety equipment is visible and accessible

(F) Appropriate signs are posted

(G) Lifeguards are provided and on duty as required

(H) Test kit is maintained and complete

The items listed below are in violation of Ohio Administrative Code Chapter 3701-31 and must be corrected:

Pool water is more green & cloudy than normal. Main drain is visible.

Discussed high alkalinity results can be from calcium hardness. Calcium hardness tested to be 234 ppm.

Discussed I recommend staying closed to keep monitoring pool clarity & chemical levels. Discussed trying to lower alkalinity & pH.

REMARKS:

Additional remarks on the attached form.

Compliance date:

Sanitation officer:

Photo:

Operator/Representative:

Phone:

Distribution: White Licensee:

Canary Licensee:

ODH POOL 6/21/19-14/38