Complaint SUP Indoor Outdoor Camp Water slide Fountain Other	Public Swimming Pool Inspection Report						Health District: DUNKE OUNTY					
Toward in the throughpoils	Name of facility Greenville Address 301 Wagner A City Greenville	ymcz Pd.	☐ Re-Inspect ☐ Complaint ☐ Epi Investi	t igation	□ Pool □ SPA	□ Wad □ Scho □ Indo	ing pool ool or rtment/C	□ Govt □ Outdoor	□ MHP □ Camp	☐ Kidd ☐ Play ☐ Rec ☐ Wate	lie slide ground slide slide er slide ntain	
Check If volation of the Obio Administrative Code 2701.31_04 (A.E.), Nan. Not Applicable Check If volation of the Obio Administrative Code 2701.31_04 (A.E.), Nan. Not Applicable Check If volation of the Obio Administrative Code 2701.31_04 (A.E.), Nan. Not Applicable Check If volation of the Obio Administrative Code 2701.31_04 (A.E.), Nan. Not Applicable Check If volation of the Obio Administrative Code 2701.31_04 (A.E.), Nan. Not Applicable Check Che	C 1 21 1 1 6		Travel Time		ID no.				License no.	1		
Check fin violation of the Obio Administrative Code 3701.31.94 (A.E); NA= Not Applicable Max allow. Biows Jee Max allow. Biows Je	Surface area (sf)		r 4/80)		Volume (galid	ons)	1451			13,	02	
Floor residents 350 Miscallow (differ flow) Move allow flow (Sep pump capacity (genp) Miscallow (2701-31-048)(1)16-01 Miscallow (2	Check if		Ohio Administrativ	ve Code	3701-31-04 (A-E): NA	= Not A		(3)	1		
Git Oscillates covers shalled/secured Gid Checkelon/Staffection system Gid Water darity: Gid Sept operation Gid Automate chamical controller Gid Natural or artificial light sufficient Gid Proper use/storage of chemicals Gid Disinfection residual as required Gid Disinfection residual res	☐ Flow measure 2 万	/lax allow. filter flow			Max allow. flo	w: SF						
10,5 9VIS devices functioning controller controlle	ritical violations (3701-31-04(B)(1)(a-l)								T			
Euroctocking property (i) Disflection residual as required (ii) Disflection residual as required (ii) Disflection residual as required (iii) Disflection required plans (iii) Dis									(j) Pool treated after RWI			
Comment Comm					(h) Natural or artificial light s			sufficient	(k) Proper use/storage of chemicals			
Colic distribution of state of the Control of the Control of the Colic of the Col	(c) Disinfection residual as required	on duty	[](i) Fecal ac				1					
Calcium Hypochlorite Sodium Hypochlorite Sodium Hypochlorite Chick Tri-Chlor T	/ater Quality 3701-31-04 C, D							->ernp	inter hi	JW	て ,	
Colida Processor Willingtone with DPD total in results Dillo Free Cholmed-CL, (ppm) [2:12] 25	Circle disinfectant used)	(D)(6) Total Chlorin	opm)	45		☐ (C)(2) pH	[7.2-7.8]		17.8			
(D)(6) Combined CL, Poppin) ((D)(6) Total airomine—Br, (ppin) ((D)(6) Total airomine—Br, (ppin) ((D)(6) Spa water remp (<td colspan="2">Di-Chlor Tri-Chlor Salt</td> <td>(D)(6) Free Chlorin</td> <td>om) [≥1;2]</td> <td>45</td> <td>7</td> <td>☐ (C)(3) Alk</td> <td colspan="3">Ikalinity (ppm) [min 60]</td>	Di-Chlor Tri-Chlor Salt		(D)(6) Free Chlorin	om) [≥1;2]	45	7	☐ (C)(3) Alk	Ikalinity (ppm) [min 60]				
Wilsight (Moules/cm²)	**Monopersulfate (if present will interfere with DPD test kit results)		(D)(6) Combined-0	n) [≤ 1]	0		(C)(6) Poo	ol water temp [≤90°F] 84		84.5		
Comparison Co	Secondary disinfection (circle If used)	(D)(6)Total Bromin	pm) [≥2;4]			☐ (C)(7) Spa	a water temp [≤ 104° F	:]				
(D)(5) Cyanuric acid (ppm) ≤ 70		(D)(6) ORP/HRR (m	[≥650]			☐ (C)(8) Spa	a water replaced every	30 days				
(A) All construction or alterations of a pool done with approved plans D)(1) No gas chlorine for disinfection wound or experiently default obvious infectious wound or experience (B)(1) Exclusion of people with obvious infectious wound or experience (B)(1) Exclusion of people with obvious infectious wound or experiencing diarrhea/vomiting (B)(1) Exclusion of people with obvious infectious wound or experiencing diarrhea/vomiting (B)(1) Exclusion of people with obvious infectious wound or experiencing diarrhea/vomiting (B)(1) Exclusion of people with obvious infectious wound or experiencing diarrhea/vomiting (B)(1) Exclusion of people with obvious infectious wound or experiencing diarrhea/vomiting (B)(1) Exclusion of people with obvious infectious wound or experiencing diarrhea/vomiting (B)(1) Exclusion of people with obvious infectious wound or experiencing diarrhea/vomiting (B)(1) Exclusion of people with obvious infectious wound or experiencing diarrhea/vomiting (B)(1) Exclusion of people with obvious infectious wound or experiencing diarrhea/vomiting (B)(1) Exclusion of people with obvious infectious wound or experiencing diarrhea/vomiting (B)(1) Exclusion of people with obvious infectious wound or experiencing diarrhea/vomiting (B)(1) Exclusion of people with obvious infectious wound or experiencing diarrhea/vomiting (B)(1) Exclusion of people with obvious infectious wound or experiencing diarrhea/vomiting (B)(1) Exclusion of people extending of people with obvious infectious wound or experiencing diarrhea/vomiting (B)(1) Exclusion of people dedice connected to circulation system (B)(1) Exclusion of people with obvious infectious wound or experiencing (B)(1) Exclusion of people with obvious infectious wound or experiencing (B)(1) Exclusion of people with obvious infectious wound or experiencing (B)(1) Exclusion of people with obvious infectious wound or experiencing (B)(1) Exclusion of people with obvious infectious wound or experiencing (B)(1) Exclusion of people with ob			(D)(5) Cyanuric aci	id (ppm)	1≤70							
(A) All construction or alterations of a pool done with approved plans D)(1) No gas chlorine for disinfection D(1) No gas chlorine for deligners D(1) No gas chlorine for disinfection D(1) No gas chlorine for deligners	esponsibilities of the Operator 3701-31-04											
approved plans (B) All facilities are maintained clean, safe and sanitary condition and in good repair (E)(2) Safety equipment is visible and accessible device connected to circulation system (B)(3) Staff are knowledgeable of equipment and pool operation (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 (E)(4) 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 (E)(6) All equipment maintained in clean, safe and sanitary (D)(8) Test kit is maintained and complete (D)(7) Automatic chemical controller is functioning properly (D)(8) Test kit is maintained and complete (D)(4) All equipment maintained in clean, safe and sanitary (D)(8) Test kit is maintained and complete (D)(4) All equipment maintained in clean, safe and sanitary (D)(8) Test kit is maintained and complete (D)(4) All equipment maintained in clean, safe and sanitary (D)(8) Test kit is maintained and complete (D)(4) All equipment maintained in clean, safe and sanitary (D)(8) Test kit is maintained and complete (D)(6) Test kit is maintained and complete (E)(4) Life kit is maintained and complete (D)(6) Test kit is maintained and complete (D)(6) Test kit is maintained and complete (D)(6) Test k												
Condition and in good repair device connected to circulation system (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 (D)(4) Secondary disinfection device is not adversely required (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 (D)(8) Test kit is maintained and complete condition and in good repair (D)(8) Test kit is maintained and complete (D)(8) Test kit is maintained and			D)(1) No gas chlorine for disinfection									
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operation affecting water quality required (B)(4 & 5) Operational records maintained and on file properly (B)(6) All equipment maintained in clean, safe and sanitary condition and in good repair 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. POOL WATER IS MUSTE AREA & Cloudy than normal. Nain drain is Visital Discussed high alkalining Results can be from calcium Mardruss. (accium thardress tested to be 33 Hppm). DISCUSSED the must are additional remarks on the attached form, HEA 5217 Re-Inspection required? See In Continued Conti	(B)(2) Authorized representative available	(D)(3) Mixing tank for spray ground has disinfection					(E)(3) Appropriate signs are posted					
Properly							ersely				luty as	
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. POOL WATER IS MORE AREAN & CIVULDY THAN NORMAL MAIN AVAIN IS VISITED BLUSSED HIGH BUKALINITY HE SULTS CAN BE FROM CALCINUM HARDESS TO BE AREADING. DISCUSSED HE COMMEND VIOLATION HARDESS TESTED TO BE AREADING. DISCUSSED HE COMMEND VIOLATION OF OHIO ADMINISTRATIVE CODE CHAPTER 3701-31 AND MUST BE CORRECTED **COMPILATOR OF COMMEND VIOLATION OF OHIO ADMINISTRATIVE CODE CHAPTER 3701-31 AND MUST BE CORRECTED **COMPILATOR OF COMMEND VIOLATION OF OHIO ADMINISTRATIVE CODE CHAPTER 3701-31 AND MUST BE CORRECTED **COMPILATOR OF COMMEND VIOLATION OF OHIO ADMINISTRATIVE COUNTY IS MIT ACHTER. SAPITAFIANTOCHER OF OHIO ADMINISTRATIVE COUNTY IN ACHTER. SAPITAFIANTOCHER OF OHIO ADMINISTRATIVE COUNTY OF OHIO	(B)(4 & 5) Operational records maintained					ning		-				
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POOI WATER IS MORE AREEN & CLOUDY THAN NORMAL Main drain is visible Discussed high alkalinity results can be from calcium hardness, Calcium Hardness tested to be 234ppm. Discussed I recommend viaying closed to keep monitoring piol Clavity & Chemical Livels. Discussed trying to lower alkalinity & REMARKS See additional remarks on the attached form, HEA 5217 Re-inspection required? Yes No; Compliance date: Sanitafiati/other Sanitafiati/other Sanitafiati/other Phone P		D BELOW ARE IN V	IOLATION OF OHIO	ADMIN	ISTRATIVE CO	DE CHA	PTER 370	01-31 AND MU	JST BE CORRECTED			
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REMARKS See additional remarks on the attached form, HEA 5217 Re-inspection required? Yes No; Compliance date: Sanitafian/other Review of the second of	Discussed high	1 0				ľ	ral. E j	Mai 70m 734p	•		Visible	
REMARKS See additional remarks on the attached form, HEA 5217 Re-inspection required? Yes No; Compliance date:			Vlaying	g C	losed min	to a	Kee,	o mar wer a	ntoning	PIO	l F	
Samita/jan/other Kelle Phone 84/96 Operator Representative Phone Better	REMARKS ☐ See additional remarks on the attached form, HEA Re-Inspection required? ☐ Yes ☐ No;	75	to see	if	MOINT De	y W	11/1/ Cr-Cc	be be	Her Also	THE PUSS PUSS	ated edution	
HEA 5221 (Rev 04/11) Authority: Chapter 3749, Ohio Revised Code Ohio Department of Health, Bureau of Environmental Health, plstribufflyn: White-Licensee/ 1/1/ / 1/ 9anary-Ligensor /		les Phone	12419,	6	Operator or F	Represen	ative	<u>- // 6 </u>	Phone	1101	petter	
, we recommend the second of t	HEA 5221 (Rev 04/11) Authority: Chapter 3749, Ohio	Revised Code Ohi	o Department of Health,	, Bureau o	of Environmental	Health)	719	stribution: Whi	te-Licensee/////	la Lan	ary-Ligensor /	