

County of Sacramento  
Recreational Water Facility  
Official Inspection Report

Date: 08/30/2011

Page 1 of 3

Time In: 2:44 pm

Time Out: 3:18 pm

DBA: CYPRESS POINT APARTMENTS

Permit Holder: MOHINDER K/KIRAN SANWAL LIVING TRUST

Address: 5801 WINDING WAY

City: CARMICHAEL

State: CA


Zip Code: 95608

Telephone: (916) 483-8611

CT 76.01	Facility ID FA0006816	Program ID PR0008604	PE 3611	Program Identifier	Type of Inspection Routine
Free Chlorine: NO (PPM)		pH:		Cyanuric acid level: (PPM)	Spa Temperature: N/A °F
Required flow rate: (GPM)		Actual flow rate: NO (GPM)		Influent Pressure: (psi)	Effluent Pressure: (psi)
Pool Service Name and Phone #:					

The marked items represent violations of Title 22 & 24, California Code of Regulations. Major violations may require reinspection to verify corrections have been made.

Recreational Health Violations							
IN = In compliance		OUT = Not In compliance		N/A = Not Applicable	N/O = Not Observed	COS = Corrected on-site	MAJ = Major Violation
Compliance Status						COS	MAJ
1	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Self-closing/self-latching gate/door; latch minimum 42 inches above finished grade					
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pool enclosure meets minimum height and gap requirements					
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Safety signage posted and readable					
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Rescue pole minimum 12 feet long with body hook readily available and visible					
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Life ring with attached rope to span width of pool readily available and visible					
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Free chlorine/bromine maintained					
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Chloramines maintained below levels causing irritation to bathers					
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	pH maintained between 7.2 and 8.0					
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Cyanurate/stabilizer level maintained less than 100 ppm					
10	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Approved pool water test kit (DPD) available					
11	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Cyanurate test kit available when using stabilizer					
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Water clarity maintained with main drain clearly visible					
13	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Daily records of pool operation maintained onsite and available upon request					
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Spa emergency shut-off switch accessible, visible and operational					
15	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Spa pool water temperature limited to maximum of 104 ø F					
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pool free from algae growth					
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pool free from debris					
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pool tile maintained clean and in good repair					
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Depth markers installed as required, readable and in good repair					
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Pool shell maintained in good repair					
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Depth marking line installed at 4.5 feet when required					
22	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Four feet of unobstructed deck maintained around perimeter of pool; no trip/slip hazard					
23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Hand and grab rails and ladders installed and maintained in good repair					
24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Pool and deck lighting operational and maintained in good repair					
25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Restroom, dressing rooms, and showers maintained in good repair					
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Drinking fountain(s) installed and maintained in good repair					
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Hose bib(s) and anti-siphon devices installed and maintained in good repair					
28	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Skimmer(s) and required parts installed and maintained in good repair					
29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	VGB/AB 1020 approved suction outlet covers installed and maintained in good repair					
30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	AB 1020 approved secondary safety device installed and maintained in good repair					
31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Pool fittings installed and maintained in good repair to prevent physical entrapment					
32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Accurate flow meter installed and maintained in good repair					

Accepted by: (Signature)		Date:	08/30/2011
Accepted by Name / Title	LEFT AT MANAGERS DOOR / MGR		
Environmental Specialist	Mary Taylor	Phone:	(916)875-8417

Environmental Management Department  
Environmental Health Division  
10590 Armstrong Avenue  
Mather, CA 95655  
Ph: (916) 875-8440 Fax: (916) 875-8513  
[www.emd.saccounty.net](http://www.emd.saccounty.net)

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CT	Facility ID	Program ID	PE	Program Identifier	Type of Inspection
76.01	FA0006816	PR0008604	3611		Routine

Recreational Health Violations

IN = In compliance

OUT = Not In compliance

N/A = Not Applicable

N/O = Not Observed

COS = Corrected on-site

MAJ = Major Violation

Compliance Status			COS	MAJ
33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Influent and effluent pressure gauges installed and maintained in good repair		
34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Approved automatic chlorinator/brominator installed and maintained in good repair		
35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Pool equipment and plumbing maintained in good repair		
36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Pool and pool equipment area free of electrical hazards; GFCI operational		
37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Pool equipment area maintained in good repair and free of debris and excess equipment		
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Approved filtration system maintained in good repair		
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Filter cleaning waste water disposed of by approved methods		
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Required turnover rate maintained during open hours		
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Operating pool recirculation system during open hours		
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Pool equipment and plumbing installed as approved by EMD		
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Lifeguard service and certificate(s) available		
44	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Other		

Violation Comments:

POOL REMAINS CLOSED AND MANAGEMENT KEEPS GATE LOCKED.

Accepted by: (Signature)



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Environmental Specialist

Mary Taylor

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CT 76.01		Facility ID FA0006816	Program ID PR0008604	PE 3611	Program Identifier	Type of Inspection Routine
Approved Equipment Info.	<b>PUMP:</b> HP: Make: Pentair Model #: WFE-4			<b>JET PUMP:</b> HP: Make: Model #:		<b>FILTER:</b> Type:Cartridge Make: Hayward Model #: C5020
	<b>SANITIZER:</b> Type: Make:Rainbow Model #:300-29X			<b>SKIMMERS:</b> # of: 2 Separate valves: Single Line:		<b>PIPE SIZE:</b> Suction Line: Return Line:
	<b>MAIN DRAIN: Single</b>			<b>EQUALIZER LINE: Single</b>		<b>GALLONAGE: 28,800</b>

**Overall Inspection Comments:**

CALL WHEN CORRECTIONS ARE MADE; TO REOPEN POOL.

	Photographic documentation obtained
	Compliance conference required
	Pool safety education required; # of employees
	Reinspection required/possible - Note: A fee will be charged for each reinspection as authorized by current county ordinance and is due 30 days after billing.
	Closure - Wading/spa/spray ground: This pool is hereby closed by EMD. It is to remain closed until cleared by this department. (Gates should be closed and locked.)

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