

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)

# County of Sacramento

## Recreational Water Facility

### Official Inspection Report

Date: 07/26/2012  
Page 1 of 3  
Time In: 11:00 am  
Time Out: 11:40 am

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: (PPM)		pH:		Cyanuric acid level: (PPM)	Spa Temperature: °F
Required flow rate: (GPM)		Actual flow rate: (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						
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Safety signage posted and readable				
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Rescue pole minimum 12 feet long with body hook readily available and visible				
5	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 checked="" type="checkbox"/> N/A <input 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 °F				
16	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Pool free from algae growth				
17	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Pool free from debris				
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Restroom, dressing rooms, and showers maintained in good repair				
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Drinking fountain(s) installed and maintained in good repair				
27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 checked="" 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 checked="" 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)

*Willie Carter*

Date: 07/26/2012

Accepted by Name / Title

Willie Carter / Resident Manager

Environmental Specialist

Florante Faustino

Phone: (916)876-8820

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Recreational Health Violations						
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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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Lifeguard service and certificate(s) available				
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Other				

Accepted by: (Signature)

*Willie Carter*

Date: 07/26/2012

Accepted by Name / Title

Willie Carter / Resident Manager

Environmental Specialist

Florante Faustino

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


**Overall Inspection Comments:**

Note: Pool has been closed for the last three years according to the resident manager. It was found still closed with the EMD closure sign still posted on the gate. Pool water was clear and the recirculation system was on. The pool enclosure was secure and closed to the public. The solitary bgate was locked with a deadbolt with keys only available to management.

EMD records indicate that the pool has not been approved as VGB-compliant. Pool shall remain closed. Pool water must be kept clear at all times and public must not be able to access the pool area. Operator shall contact EMD Plan Review (874-6010) before and doing work to comply with the Virginia Graeme Baker Act (CA AB 1020). State and County VGB forms were provided to the operator. Pool must be VGB-compliant before it may be re-opened.

A new EMD closure sign was posted today.

	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.)

Accepted by: (Signature)		Date:	07/26/2012
Accepted by Name / Title	Willie Carter / Resident Manager		
Environmental Specialist	Florante Faustino	Phone:	(916)876-8820