



# Hendricks County Health Department Swimming Pool Inspection Form

Inspection based on Indiana State Department of Health 410 IAC 6-2.1 and  
Hendricks County Public Pool and Spa Ordinance 2003-27



Pool Name: SUMMER RIDGE WADER Permit Number: #114  
 Size: under 2000 sq. ft 2000 sq. ft. and over Pool Type: WADER  
 Purpose: Routine Follow-up Opening Complaint # \_\_\_\_\_

<u>Pool Water Chemistry (Section 30)</u>		Sat.	Unsat.	<u>Lifesaving and Safety Equipment (Section 34)</u>		Sat.	Unsat.	NA
Operating Records		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Life Pole		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Test Kit		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ring Buoy with Rope		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Free Chlorine	<u>11.0</u> ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spine Board with Straps and Head Immobilizer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Combined Chlorine	<u>0.0</u> ppm	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kit with Two (2) Blankets		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Total Alkalinity	<u>60</u> ppm	<input type="checkbox"/>	<input type="checkbox"/>	Telephone		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cyanuric Acid	<u>70</u> ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Depth Markings		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pH	<u>7.0</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transition Line		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disinfectant Type	<u>CHLORINE</u>							
<u>Chemical Storage (Section 33)</u>		Sat.	Unsat.	<u>Lifeguards (Section 35)</u>		Sat.	Unsat.	NA
All Items at Least 6 Inches off Floor		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lifeguard(s) Present		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Sanitary Facilities (Section 29)</u>		Sat.	Unsat.	Lifeguard Platform or Chair		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Supplies and Water		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Water Quality /Cleaning (Sections 31 &amp; 37)</u>		Sat.	Unsat.	NA
Safe and Sanitary Condition		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Main Drain		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>Warning Signs (Section 36)</u>		Sat.	Unsat.	Inside Surfaces		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
User Sanitation and Safety Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Skimmers / Gutters		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Warning Signs		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temperature		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Bacteria Samples:</u>		<u>8/19/08</u>	<u>8/12/08</u>	<u>8/5/08</u>	<u>7/29/08</u>	<u>7/22/08</u>	<u>7/15/08</u>	
(Section 31)		<u>(S) U</u>	<u>(S) U</u>	<u>(S) U</u>	<u>(S) U</u>	<u>(S) U</u>	<u>(S) U</u>	

Section/Repeat	Violation Narrative
30	WADING POOL CLOSED. FREE CHLORINE
	LEVEL IS TOO HIGH AT 11.0ppm. MUST
	MAINTAIN BETWEEN 3.0 - 7.0 ppm
30	pH LEVEL IS TOO LOW AT 7.0. MAINTAIN
	BETWEEN 7.2 - 7.8
30	CYANURIC ACID LEVEL IS TOO HIGH AT 70ppm
	MAINTAIN BELOW 60ppm

Health Department Inspector: Jay S. Crowl Phone: (317) 745-9217  
 Copy of Report Received by: \_\_\_\_\_ Date: 8-29-08