



DELAWARE COUNTY HEALTH DEPARTMENT

100 WEST MAIN STREET, ROOM 207

MUNCIE, INDIANA 47305

OFFICE (765)747-7721

FAX (765)747-7747

SWIMMING POOL - INSPECTION REPORT

NAME: Willow Lake

TYPE OF POOL: Seasonal

LOCATION / ADDRESS OF POOL Muncie, IN 47304

SANITARIAN: Christiana Mann

DATE: 6/10/2010

An inspection of your swimming pool has been made this day and you are directed to correct conditions marked with an (x).

A. **Pool Structure:**

1. Floors, Walls, Runways ()
2. Scum gutters, Skimmers ()
3. Ladders, Stairs, Steps ()
4. Diving boards, Float, Depth ()
5. Inlets, Outlets, Circulation ()
6. Piping ()
7. Fencing ()
8. Other ()

B. **Supplemental Facilities:**

1. Food Service ()
2. Emergency Equipment ()
3. Other ()

C. **Recirculation, Disinfection System**

1. Filtration, Disinfection ()
2. Other ()

D. **Buildings, Galleries, Enclosures**

1. Walls, Floors, Ceilings, Part ()
2. Lights, Heating, Ventilation ()
3. Plumbing, Drainage ()
4. Surroundings ()
5. Appurtenances ()
6. Other ()

E. **Water:**

1. Disinfect Level ppm ()
2. Freedom From Turbidity 4 ()
- Debris, Growths i ()
3. pH 7.4 ()
4. Other OK ()

F. **Showers, Toilets, Dressing Rooms**

1. Clean, Adequate, Access ()
2. Ventilation ()
3. Hot, Cold water ()
4. Soap, Towels ()
5. Disinfection ()
6. Lavatories ()
7. Clothing Storage ()
8. Refuse Containers ()
9. Other ()

G. **Records**

1. Number of Bathers VARIES ()
2. Temp-water 84F ()
3. Operational Data ()
4. Other ()

H. **Bather Control**

1. Cleansing Shower ()
2. Communicable Disease ()
4. Placards Displayed ()
5. Common Comb, Towel N/A ()
6. Rented Suits and Towels N/A ()
- Properly Handled and Clean
7. Other ()

I. **Hot Tub / Spa**

1. Disinfect Level ppm ()
2. pH ()
3. Other ()
4. Other ()
5. Other ()
6. Other ()

Remarks:

OK to open and operate, NO VIOLATIONS

Signature (Operator / Manager)

Janice Pitman