

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

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:	NE:	Halteman Village		TYPE	OF	POOL: Seasonal		
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:	ATION /	ADDRESS OF POOL Mu	ncie, IN 47304					
A.	IITARIAN	N: Christiana Mann			DA	TE: 9-8-	- 2	01
A. Pool Structure:	An ins	pection of your swimming pool			you	are directed to correct conditi	ions	
1. Floors, Walls, Runways () 2. Scurn gutters, Skimmers () 2. Ventilation () 3. Ladders, Stairs, Stepholes () 3. Hot, Cold water () 4. Soap, Towels () 4. Diving boards, Float, Depth () 5. Inlets, Outlets, Circulation () 5. Disinfection () 6. Piping () 7. Clothing Storage () 6. Lavatories () 7. Fencing () 7. Clothing Storage () 8. Refuse Containers () 8. Other () 8. Refuse Containers () () 0. Other () 9. Other () 1. Number of Bathers () () 1. Number of Bathers () () 2. Temp-water (F) () 3. Operational Data (4. Other (F) (3. Operational Data (4. Other 4. Other (F) (3. Operational Data (4. Other 4. Other 1. Cleansing Shower (2. Communicable Disease (4. Placards Displayed (5. Communicable Disease (*	marked with a	ın (x).				
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