Public Swimming Pool Equipment Inventory Report

<table>
<thead>
<tr>
<th>Name of facility</th>
<th>Camp Gideon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>N 4204 Salineville Rd</td>
</tr>
<tr>
<td>City</td>
<td>Mechanicstown</td>
</tr>
<tr>
<td>Inspect date</td>
<td>8/1/14</td>
</tr>
<tr>
<td>Inspect time</td>
<td>6:00</td>
</tr>
<tr>
<td>Inspectors</td>
<td>C. E. Scott, J. A. Rowland</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Filter(s) #1</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make</td>
<td>Pentair</td>
</tr>
<tr>
<td>Model #</td>
<td>TR10D</td>
</tr>
<tr>
<td>Total filter area (sq ft)</td>
<td>4.91</td>
</tr>
<tr>
<td>Max. allowable filter flow (gpm)</td>
<td>98</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pumps #1</th>
<th>Circulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make</td>
<td>Hayward</td>
</tr>
<tr>
<td>Model #</td>
<td>SPA15x10</td>
</tr>
<tr>
<td>Hp</td>
<td>2.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Air pump</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make</td>
<td>N/A</td>
</tr>
<tr>
<td>Model #</td>
<td>N/A</td>
</tr>
<tr>
<td>Hp</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Meters and Gauges: Meters and gauges shall be properly installed and maintained in good repair at all times the pool operates.

<table>
<thead>
<tr>
<th>Flow meter/Circulation</th>
<th>Flow reading</th>
<th>Range (gpm)</th>
<th>Reading (gpm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jet/Hot Tub</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Flow meter/Special features</th>
<th>Flow reading</th>
<th>Range (gpm)</th>
<th>Reading (gpm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special features</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pressure gauge</th>
<th>Gauge on top of filter(s)</th>
<th>Reading (psi)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other location:</td>
<td>Reading (psi)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disinfection</th>
<th>Primary feeder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sani King</td>
<td>Model # 94D line</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secondary units</th>
<th>UV light</th>
<th>Ozone</th>
<th>Tri-Chloro</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Auto chemical controller</th>
<th>Displays pH &amp; ORP/HRR</th>
<th>Make</th>
<th>Model #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>pH feeder</th>
<th>Muriatic acid</th>
<th>Sulphuric acid</th>
<th>Sodium Bisulfate</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Safety vacuum release system</th>
<th>Make</th>
<th>Model #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Fill water/approved source</th>
<th>Public water supply</th>
<th>Non-community</th>
<th>Well</th>
<th>Fill spur line w/ air gap</th>
<th>Hose bibb w/ BFPV</th>
<th>Backflow prevent valve ASSE #</th>
</tr>
</thead>
</table>

| Waste water | Discharge to sanitary sewer | Yes | No | Discharge to Semi-public sewage disposal system | Yes | No | Backflow protection for waste lines | Yes | No | Air gap provided | Yes | No |

Equipment labels are intact and legible or information is on file for reference?  Yes | No

For equipment changes, other than IDENTICAL, an Equipment Replacement Notification report form (HEA 5234) must be submitted for approval.

Remarks

On compliance at time of inspection

By: **** R. Pancker RS (330) 627-4864

Ohio Department of Health, Bureau of Environmental Health
Public Swimming Pool Inspection Report

Name of facility: Camp Gidion
Address: 411 Salmiune Rd.
City: Mechanicsburg

Health District: Carroll

Type visit
- [ ] Standard
- [ ] Re-inspection
- [ ] Complaint
- [ ] Epi Investigation
- [ ] Consultation

Type pool
- [ ] Pool
- [ ] SPA
- [ ] SUP

Setting
- [ ] Wading pool
- [ ] Zero Entry
- [ ] Spray ground
- [ ] School
- [ ] Govt.
- [ ] Indoor
- [ ] Outdoor
- [ ] Camp
- [ ] Apartment/Condo
- [ ] Hotel/motel
- [ ] Other

Special feature (SF)
- [ ] Kiddie slide
- [ ] Playground slide
- [ ] Rec slide
- [ ] Water slide
- [ ] Fountain
- [ ] Other

Inspection date: 06/07/2019
Time: 15
ID no.: 39,000
Volume (gallons): 39,000
Required flow min: 56.25 gpm (Volume/Flow Rate)

License no.: SWEN-AWL-3E

Check if in violation of the Ohio Administrative Code 3701-31-04 (A-E); NA = Not Applicable

- [ ] Flow measure reading (gpm)
- [ ] Max allow. filter flow: (gpm) / filter label
- [ ] Max allow. flow: SF pump capacity (gpm)
- [ ] Max allow. flow: Jet pump capacity (gpm)

Critical violations (3701-31-04 (B)(1)(a-e))
- [ ] Outlet covers installed/secured in compliance
- [ ] Circulation/Disinfection system operating properly
- [ ] Water clarity: (can see pool bottom)
- [ ] Pool treated after RWT
- [ ] SVRS devices functioning
- [ ] Automatic chemical controller functioning properly
- [ ] Natural or artificial light sufficient
- [ ] Proper use/storage of chemicals
- [ ] Disinfection residual as required
- [ ] Lifeguards on duty
- [ ] Fecal accident treated properly
- [ ] No Electrical hazards present

Water Quality 3701-31-04 C, D

(Circle disinfectant used)
- [ ] Chlorine
- [ ] Sodium Hypochlorite
- [ ] Bromine
- [ ] Di-Chlor
- [ ] Tri-Chlor
- [ ] Monopersulfate

Secondary disinfection (Circle if used)
- [ ] Chlorine
- [ ] Bromine
- [ ] ORP/HRR (millivolts)
- [ ] Cyanoacetic acid (ppm)
- [ ] UV light (Watts/cm²)
- [ ] Ozone (ppm)
- [ ] Ionization: Copper-Silver (ppm)

Responsibilities of the Operator 3701-31-04

- [ ] License is displayed or on file
- [ ] No domestic animals unless otherwise permitted
- [ ] All construction or alterations of a pool done with approved plans
- [ ] No gas chlorine for disinfection
- [ ] All facilities maintained clean, safe and sanitary condition and in good repair
- [ ] Authorized representative available within 30 minutes
- [ ] Staff are knowledgeable of equipment and pool operation
- [ ] Operational records maintained and on file
- [ ] All equipment maintained in clean, safe and sanitary condition and in good repair
- [ ] Automatic chemical controller is functioning properly
- [ ] Test kit is maintained and complete

THE ITEMS LISTED BELOW ARE IN VIOLATION OF OHIO ADMINISTRATIVE CODE CHAPTER 3701-31 AND MUST BE CORRECTED

Cite the specific rule number, explain where and what violation has occurred, and when the violation must be corrected.

On compliance of time of inspection

REMARKS
- [ ] See additional remarks on the attached form, HEA 5217
- [ ] Re-inspection required: Yes No:
- [ ] Compliance date:

Signatory/other

Phone: (330) 427-4866
Operator/Representative

Phone: 315-2552

HEA 5221 (Rev 04/11) Authority: Chapter 3749, Ohio Revised Code
Ohio Department of Health, Bureau of Environmental Health
Distribution: White Licensee
Canary Licensor