

MUSCOGEE COUNTY HEALTH DEPARTMENT
 ENVIRONMENTAL HEALTH SECTION
 PUBLIC SWIMMING POOL INSPECTION RECORD

Name of Facility HOMETOWNE SUITES POOL	Address 6040 KNOLOGY WAY	City COLUMBUS	County
Operator Howard Schneider	Address 2424 Harrods Burgrd RD STE 200	City LEXINGTON	County
Deficiencies found on the inspection are marked with an (X). A check mark (✓) indicates satisfactory compliance. Each blank under column (24-26) should be filled in with above symbols as appropriate.			
		Item No.	24-59
			Notes
POOL WATER	Type supply: Public		
	Water supply approved, adequate	1	✓
	Depth properly marked	2	✓
	Overflow facilities adequate	3	✓
	Constant water level	4	✓
	Turnover adequate	5	✓
	Disinfectant residual concentration	6	✓
	pH (7.2-7.8)	7	✓
	Total Alkalinity	8	✓
	Calcium Hardness	9	✓
	Cyanuric Acid	10	✓
Clarity	11	✓	
PUMPING FILTRATION AND TREATMENT SYSTEM	Pump operating properly	12	✓
	Filters functioning properly	13	✓
	Hair & lint strainers functioning properly	14	✓
	Skimmers/Gutters maintained & operating properly	15	✓
	Chemical feeders operating properly	16	✓
	Recirculation and filtration equipment readily accessible	17	✓
DECK AND POOL AREA	Pool & Decks clean and in good repair	18	✓
	Night lighting adequate	19	✓
WATER AND FACILITIES	Hot & cold water under pressure	20	✓
	Adequate toilet facilities & showers	21	✓
SEWAGE DISPOSAL	Sewage disposal method: Public	22	✓
SAFETY PRE-CAUTIONS	Life line in place/Separation of wading pool	23	✓
	Warning/Safety sign posted in clearview of pool area	24	✓
	First aid kits available & properly equipped	25	✓
	Emergency & lifesaving equipment in conspicuous place	26	✓
	Emergency phone provided and hard wired	27	✓
	Gas cylinder precautions adequate	28	✓
	Proper barrier around pool	29	✓
	Main drains properly covered and maintained	30	✓
OPERATOR AND RECORDS	Certified Pool Operator	31	✓
	Lifeguard(s) (if provided) has proper certification	32	✓
	Trained operator on duty	33	✓
	Appropriate records on file	34	✓
	Pool test kit(s) available and adequate for all necessary tests	35	✓
	Other	36	✓
Gauge Readings:		Laboratory Results:	
Influent Pressure	0.00 psi	Alkalinity	0.00 ppm
Effluent Pressure	0.00 psi	Coliform Count	0.00
Flow Rate Main Pool	0.00 gpm	Plate Count	0.00
Flow Rate Wading Pool	0.00 gpm		
Name of Bactericide In Use: Trichlor		Rate 0.00 ppm	
Name of Stabilizer In Use:		Rate 0.00 ppm	
Name of Filter System In Use:			
Algae Control Measures:			
Remarks			
Date of Inspection 07/28/2011	Discussed with (Signature) Howard Schneider Title: Maintenance		Inspected by (Signature) Ashley Basset Title: Environmental Health Specialist I

✓ **SATISFACTORY**
 UNSATISFACTORY

ENFORCEMENT

- ✓ None
- Permit Suspended
- Closed Voluntarily
- Re-inspection needed within days
- Hearing Requested/Recommended

Permit No.
 106-P77

Expiration Date
 2014 04 26
 YR MO DA

Purpose

2	1. Routine 2. Re-inspection 3. Request 4. Complaint 5. Other
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Length of Inspection 00:30 Hours

Pool Type:

- ✓ Swimming/Pool
- Spa
- Special Purpose Pool: Activity/Interactive/Wading
- Type: Pool

Required Turnover Rate: 57.00gpm
 Type of Disinfection: Trichlor
 Required Concentration: 3.0-10.0

		5	0
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 Bather Load

Purpose

1	1. None 2. Water 3. Other
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Reason for Sample:

**MUSCOGEE COUNTY HEALTH DEPARTMENT
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Name of Facility HOMETOWNE SUITES POOL	Address 6040 KNOLOGY WAY	City COLUMBUS	County
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Item Number	Notes
5	60
6	7.0
7	7.4
8	160
9	NA
10	NA
19	10AM-10PM
20	Hot water in adjacent rooms
23	NA- 5 ft and less
27	dials directly to 911
28	NA
31	contract-Howard Schneider
32	NA-5 ft and less
36	water fountain