

Demerit Score: _____

Health Department 60 Mecklenburg

Inspection of Swimming Pool

Date of Insp/Chg: 04 / 24 / 2018

Current Facility ID 2060500828

Status Code: Q

Old Facility ID _____

Water Supply: Municipal/Community On-Site Supply

Water sample taken today? Yes No

Inspection

Name Change

Wastewater: Municipal/Community On-Site System

Re-inspection

Verification of Closure

Visit

Status Change

Name of Establishment: HIGHLAND CREEK SWIM

Pool Operator: SHAN (F, L) RUMFELT

Location Address: 6000 CLARKE CREEK PARKWAY

Mailing Addr. PO BOX 11906

City: CHARLOTTE State: NC Zip: 28269

City: CHARLOTTE State: NC Zip: 28220

WATER QUALITY: (.2535)

* Indicates critical item (6-point demerit)

*1. Water clear enough to clearly see bottom of pool and pool drain 6

*2. Disinfectant residual provided by:
free chlorine = (at least 1.0 ppm or 2.0 ppm where required);
bromine = (at least 2.0 ppm); or
biguanide = (30 to 50 ppm)..... 6

*3. Pool water pH = (7.2 to 7.8)..... 6

*4. Water temperature of heated pool °F; does not exceed 90°F (swimming pool) or 104°F (spa) 6

5. Daily written records of water quality and test kit kept on site 4

POOL MAINTENANCE:

*6. Main drain covers secured and in good repair, no suction hazard. Single drains protected by April 1, 2006 (.2537, .2539)..... 6

7. Pool walls and floor kept clean, free of debris and in good repair (.2537)... 4

8. Surface skimmers (with weirs, baskets and covers) or gutters clean, in good repair, and functioning properly, no floating debris (.2518, .2537) 4

9. Depth markings and no diving markers or signs visible and properly located (.2523, .2537)..... 4

10. Safety ropes with floats and contrasting color bands provided at shallow area breakpoints (.2515, .2523)..... 2

11. Diving equipment, ladders, steps and handrails properly placed, in good repair (.2517, .2521)..... 2

12. Inlets and other fittings in place and in good repair (.2537)..... 4

13. Contrasting band on steps and benches (.2521, .2516, .2532)..... 4

14. Spa timer working properly (.2537)..... 4

PREMISES:

*15. Body hook and ring buoy with throw rope or lifeguard with rescue tube provided and properly located (.2530, .2537) 6

16. Fence or barrier with self-closing, self-latching gates properly constructed and maintained (.2528, .2537) 4

17. Decks unobstructed, properly drained, free of trip hazards (.2522, .2537)..... 4

18. Lifeguards present or warning signs posted (.2530) 4

19. Signs prohibit glass containers or pets in pool area(.2530) 4

20. Caution signs posted at hot water spas (.2532) 4

21. Pool and deck lighting provided at pools that operate at night (.2524, .2537) ... 4

*22. Emergency telephone provided (.2530) 6

EQUIPMENT ROOM:

23. Chlorine or bromine automatic feeders that meet NSF Standard 50 (.2535) 4

24. Approved pump, filter, and flow meter operating properly (2518, .2519) 4

25. Equipment and chemicals kept in a dry, well-ventilated enclosure (.2533, .2534, .2537) 2

26. Valves and pipes identified by color codes or labels (.2518) 2

27. Filter backwash discharged through an air gap (.2513) 2

DRESSING AND SANITARY FACILITIES:

28. Bathroom or rest rooms accessible; shower sign posted (.2526) 2

29. Required fixtures provided, clean, and in good repair (.2526) 2

30. Approved water source, no cross connections (.2512) 2

31. Sewage disposal of in a properly operating sewage system (.2513) 2

32. Floors smooth, slip-resistant, kept clean(.2526) 2

33. Hose bibbs and floor drains provided (.2526) 2

Comment Sheet Attached

Yes No

Report Received by:

Inspection

Conducted by: Suataj Williams EHS I.D. # 2427 - Williams, Suataj T.

N.C. Department of Environment and Natural Resources
Division of Environmental Health

COMMENT ADDENDUM

Name: HIGHLAND CREEK SWIM CLUB-CLARKE CREEK

ID: 2060500828

Street: 6000 CLARKE CREEK PARKWAY

City: CHARLOTTE

Time In: 09 : 40 am
 pm

Time Out: 10 : 30 am
 pm

Total Time: 50 minutes

Spell

N.C. Department of Environment and Natural Resources
Division of Environmental Health

COMMENT ADDENDUM

Name: HIGHLAND CREEK SWIM CLUB-CLARKE CREEK

ID: 2060500828

Street: 6000 CLARKE CREEK PARKWAY

City: CHARLOTTE



N.C. Department of Environment and Natural Resources
Division of Environmental Health

COMMENT ADDENDUM

Name: HIGHLAND CREEK SWIM CLUB-CLARKE CREEK

ID: 2060500828

Street: 6000 CLARKE CREEK PARKWAY

City: CHARLOTTE



General Comments:

6. .2539(c) All pools, prior to permit issuance, shall provide documentation to the Department to verify suction outlet safety compliance.

Observed Aquastar 1216xxx or 914xxx instead of Waterway 640-472xxx. Facility must complete PDSC form before a permit can be issued. Facility permit not issued.

9. .2523(b) Provide depth markers spaced not to exceed 25 feet when measured along the perimeter of the pool.

Observed depth marker spacing of 38ft where ramp is located. Another marker needed on ramp. Facility permit not issued.

Comment Addendum Report

Establishment Name: <u>FOURTH WARD SQUARE</u> Location Address: <u>501 N GRAHAM STREET</u> City: <u>CHARLOTTE</u> State: <u>NC</u> County: <u>60 Mecklenburg</u> Zip: <u>28202</u> Wastewater System: <input checked="" type="checkbox"/> Municipal/Community <input type="checkbox"/> On-Site System Water Supply: <input checked="" type="checkbox"/> Municipal/Community <input type="checkbox"/> On-Site System Permittee: <u>FOURTH WARD SQUARE CONDOMINIUMS</u> Telephone: <u>(704) 535-1122</u>	Establishment ID: <u>2060500218</u> <input type="checkbox"/> Inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Visit <input type="checkbox"/> Verification <input type="checkbox"/> Name Change <input checked="" type="checkbox"/> Status Change <input type="checkbox"/> Pre-Opening Visit <input type="checkbox"/> Other Water Sample taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date: <u>04 / 09 / 2018</u> Status Code: <u>Q</u> Category #: <u>N/A</u> Email: <u>robin.kaplan@hendersonproperites</u> Time In: <u>11 : 01</u> <input checked="" type="radio"/> am <input type="radio"/> pm Time Out: <u>11 : 05</u> <input checked="" type="radio"/> am <input type="radio"/> pm Total Time: <u>4 minutes</u>

Temperature Observations

Effective January 1, 2019 Cold Holding will change to 41 degrees

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp

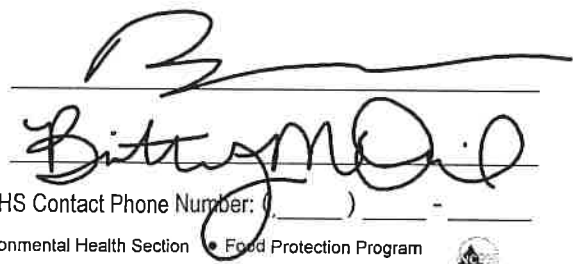
Observations - Corrective Actions - General Comments

*GC Permit not issued due to pump on site not matching approved PDSC form. Facility will contact Katie directly. Return visit required.
 Observed "No lifeguard on duty" in disrepair. Replace sign.

✓
Spell

Lock Text

Person in Charge (Print & Sign):
 First _____ Last _____
 First _____ Last _____



 REHS Contact Phone Number: (____) ____ - ____

Regulatory Authority (Print & Sign):
 REHS ID: 2425 - McDaniel, Brittany M.

Permit not issued due to pump on site not matching approved PDSC form. Facility will contact Katie directly. Return visit required.

Observed "No lifeguard on duty" in disrepair. Replace sign.

Demerit Score: _____

Health Department 60 Mecklenburg

Inspection of Swimming Pool

Date of Insp/Chg: 04 / 19 / 2018

Current Facility ID 2060500849

Status Code: Q

Old Facility ID _____

Water Supply: Municipal/Community On-Site Supply

Water sample taken today? Yes No

Inspection

Name Change

Wastewater: Municipal/Community On-Site System

Re-inspection

Verification of Closure

Visit

Status Change

Name of Establishment: SPINNAKER REACH

Pool Operator: ALLIE
(F, L) NEAL

Location Address: 917 NORTHEAST DR.

Mailing Addr. P.O. BOX 3340

City: DAVIDSON State: NC Zip: 28036

City: FORT MILL State: SC Zip: 29708

WATER QUALITY: (.2535)

* Indicates critical item (6-point demerit)

- *1. Water clear enough to clearly see bottom of pool and pool drain 6
- *2. Disinfectant residual provided by:
 - free chlorine = (at least 1.0 ppm or 2.0 ppm where required);
 - bromine = (at least 2.0 ppm); or
 - biguanide = (30 to 50 ppm)..... 6
- *3. Pool water pH = (7.2 to 7.8)..... 6
- *4. Water temperature of heated pool °F; does not exceed 90°F (swimming pool) or 104°F (spa) 6
- 5. Daily written records of water quality and test kit kept on site 4

Comments:

**** SEE COMMENT SHEET ATTACHED ****

POOL MAINTENANCE:

- *6. Main drain covers secured and in good repair, no suction hazard. Single drains protected by April 1, 2006 (.2537, .2539)..... 6
- 7. Pool walls and floor kept clean, free of debris and in good repair (.2537)... 4
- 8. Surface skimmers (with weirs, baskets and covers) or gutters clean, in good repair, and functioning properly, no floating debris (.2518, .2537) 4
- 9. Depth markings and no diving markers or signs visible and properly located (.2523, .2537)..... 4
- 10. Safety ropes with floats and contrasting color bands provided at shallow area breakpoints (.2515, .2523)..... 2
- 11. Diving equipment, ladders, steps and handrails properly placed, in good repair (.2517, .2521)..... 2
- 12. Inlets and other fittings in place and in good repair (.2537)..... 4
- 13. Contrasting band on steps and benches (.2521, .2516, .2532)..... 4
- 14. Spa timer working properly (.2537)..... 4

PREMISES:

- *15. Body hook and ring buoy with throw rope or lifeguard with rescue tube provided and properly located (.2530, .2537) 6
- 16. Fence or barrier with self-closing, self-latching gates properly constructed and maintained (.2528, .2537) 4
- 17. Decks unobstructed, properly drained, free of trip hazards (.2522, .2537)..... 4
- 18. Lifeguards present or warning signs posted (.2530) 4
- 19. Signs prohibit glass containers or pets in pool area(.2530) 4
- 20. Caution signs posted at hot water spas (.2532) 4
- 21. Pool and deck lighting provided at pools that operate at night (.2524, .2537) ... 4
- *22. Emergency telephone provided (.2530) 6

EQUIPMENT ROOM:

- 23. Chlorine or bromine automatic feeders that meet NSF Standard 50 (.2535) 4
- 24. Approved pump, filter, and flow meter operating properly (.2518, .2519) 4
- 25. Equipment and chemicals kept in a dry, well-ventilated enclosure (.2533, .2534, .2537) 2
- 26. Valves and pipes identified by color codes or labels (.2518) 2
- 27. Filter backwash discharged through an air gap (.2513) 2

DRESSING AND SANITARY FACILITIES:

- 28. Bathroom or rest rooms accessible; shower sign posted (.2526) 2
- 29. Required fixtures provided, clean, and in good repair (.2526) 2
- 30. Approved water source, no cross connections (.2512) 2
- 31. Sewage disposed of in a properly operating sewage system (.2513) 2
- 32. Floors smooth, slip resistant, kept clean(.2526) 2
- 33. Hose bibbs and floor drains provided (.2526) 2

Comment Sheet Attached

Yes No

Report Received by:

Kyle P. Keller

Inspection Conducted by: Kyle

EHS I.D. # 2507 - Keller, Kyle P

N.C. Department of Environment and Natural Resources
Division of Environmental Health

COMMENT ADDENDUM

Name: SPINNAKER REACH

ID: 2060500849

Street: 917 NORTHEAST DR.

City: DAVIDSON

Time In: 01 : 25 am pm

Time Out: 02 : 12 am pm

Total Time: 47 minutes

Spell

N.C. Department of Environment and Natural Resources

Division of Environmental Health

COMMENT ADDENDUM

Name: SPINNAKER REACH

ID: 2060500849

Street: 917 NORTHEAST DR.

City: DAVIDSON



N.C. Department of Environment and Natural Resources
Division of Environmental Health

COMMENT ADDENDUM

Name: SPINNAKER REACH

ID: 2060500849

Street: 917 NORTHEAST DR.

City: DAVIDSON



General Comments:

0 ppm chlorine.

Demerit Score: _____

Health Department 60 Mecklenburg

Inspection of Swimming Pool

Date of Insp/Chg: 04 / 18 / 2018

Current Facility ID 2060500465

Status Code: Q

Old Facility ID _____

Water Supply: Municipal/Community On-Site Supply

Water sample taken today?

Wastewater: Municipal/Community On-Site System

Yes No

Inspection

Name Change

Re-inspection

Verification of Closure

Visit

Status Change

Name of Establishment: RED FEZ SHRINE CLUB

Pool Operator: MARK

(F, L) HOUFF

Location Address: 16600 RED FEZ CLUB ROAD

Mailing Addr. 16600 RED FEZ CLUB ROAD

City: CHARLOTTE State: NC Zip: 28278

City: CHARLOTTE State: NC Zip: 28278

WATER QUALITY: (.2535)

* Indicates critical item (6-point demerit)

*1. Water clear enough to clearly see bottom of pool and pool drain 6

*2. Disinfectant residual provided by:

free chlorine = (at least 1.0 ppm or 2.0 ppm where required);

bromine = (at least 2.0 ppm); or

biguanide = (30 to 50 ppm)..... 6

*3. Pool water pH = (7.2 to 7.8)..... 6

*4. Water temperature of heated pool °F; does not exceed 90°F (swimming pool) or 104°F (spa) 6

5. Daily written records of water quality and test kit kept on site 4

POOL MAINTENANCE:

*6. Main drain covers secured and in good repair, no suction hazard. Single drains protected by April 1, 2006 (.2537, .2539)..... 6

7. Pool walls and floor kept clean, free of debris and in good repair (.2537)... 4

8. Surface skimmers (with weirs, baskets and covers) or gutters clean, in good repair, and functioning properly, no floating debris (.2518, .2537) 4

9. Depth markings and no diving markers or signs visible and properly located (.2523, .2537)..... 4

10. Safety ropes with floats and contrasting color bands provided at shallow area breakpoints (.2515, .2523)..... 2

11. Diving equipment, ladders, steps and handrails properly placed, in good repair (.2517, .2521)..... 2

12. Inlets and other fittings in place and in good repair (.2537)..... 4

13. Contrasting band on steps and benches (.2521, .2516, .2532)..... 4

14. Spa timer working properly (.2537)..... 4

PREMISES:

*15. Body hook and ring buoy with throw rope or lifeguard with rescue tube provided and properly located (.2530, .2537) 6

16. Fence or barrier with self-closing, self-latching gates properly constructed and maintained (.2528, .2537) 4

17. Decks unobstructed, properly drained, free of trip hazards (.2522, .2537)..... 4

18. Lifeguards present or warning signs posted (.2530) 4

19. Signs prohibit glass containers or pets in pool area(.2530) 4

20. Caution signs posted at hot water spas (.2532) 4

21. Pool and deck lighting provided at pools that operate at night (.2524, .2537) ... 4

*22. Emergency telephone provided (.2530) 6

EQUIPMENT ROOM:

23. Chlorine or bromine automatic feeders that meet NSF Standard 50 (.2535) 4

24. Approved pump, filter, and flow meter operating properly (2518, .2519) 4

25. Equipment and chemicals kept in a dry, well-ventilated enclosure (.2533, .2534, .2537) 2

26. Valves and pipes identified by color codes or labels (.2518) 2

27. Filter backwash discharged through an air gap (.2513) 2

DRESSING AND SANITARY FACILITIES:

28. Bathhouse or rest rooms accessible; shower sign posted (.2526) 2

29. Required fixtures provided, clean, and in good repair (.2526) 2

30. Approved water source, no cross connections (.2512) 2

31. Sewage disposed of in a properly operating sewage system (.2513) 2

32. Floors smooth, slip-resistant, kept clean(.2526) 2

33. Hose bibbs and floor drains provided (.2526) 2

Comment Sheet Attached

Yes No

Report Received by:

Mullis

Inspection

Conducted by: [Signature]

EHS I.D. # 2398 - Compton, John J.

N.C. Department of Environment and Natural Resources

Division of Environmental Health

COMMENT ADDENDUM

Name: RED FEZ SHRINE CLUB

ID: 2060500465

Street: 16600 RED FEZ CLUB ROAD

City: CHARLOTTE

Time In: 08 : 30 am
 pm

Time Out: 10 : 30 am
 pm

Total Time: 2 hrs 0 minutes

Spell

N.C. Department of Environment and Natural Resources

Division of Environmental Health

COMMENT ADDENDUM

Name: RED FEZ SHRINE CLUB

ID: 2060500465

Street: 16600 RED FEZ CLUB ROAD

City: CHARLOTTE



N.C. Department of Environment and Natural Resources
Division of Environmental Health

COMMENT ADDENDUM

Name: RED FEZ SHRINE CLUB

ID: 2060500465

Street: 16600 RED FEZ CLUB ROAD

City: CHARLOTTE



General Comments:

On-site visit with Jennifer Mullis to conduct pre-permit inspection. Pool permit denied and facility placed on Q status. Process document provided to for re-inspection requests provided to operator. All pre-permit items must be in compliance and an approved and updated PDSC form shall be submitted and approved before pool permit can be issued Observed the following items out of compliance.

3) Observed PH at 7.0

6) Observed approved PDSC form listing pump as Pentair EQ 750 7.5 HP but pump actually Pentair EQK750 series 7.5 HP. Updated PDSC form must be submitted and approved to reflect proper main drain cover and pump.

7) Observed heavy debris in pool floor, on pool floor and in skimmers.

9) Depth markers and No Diving Markers not of contrasting color. Operator painted over with black paint and provided international symbols while on-site.

General comment: Observed some small cracks on pool deck. Maintain in good repair.

Demerit Score: _____

Health Department 60 Mecklenburg

Inspection of Swimming Pool

Date of Insp/Chg: 04 / 16 / 2018

Current Facility ID 2060501383

Status Code: Q

Old Facility ID _____

Water Supply: Municipal/Community On-Site Supply

Water sample taken today?

Wastewater: Municipal/Community On-Site System

Yes No

Inspection

Name Change

Re-inspection

Verification of Closure

Visit

Status Change

Name of Establishment: ENCLAVE AT RIVERGATE, THE

Pool Operator: ANTHONY

(F, L) BELMONTE

Location Address: 12400 TOSCANA WAY

Mailing Addr. 12400 TOSCANA WAY

City: CHARLOTTE State: NC Zip: 28273

City: CHARLOTTE State: NC Zip: 28273

* Indicates critical item (6-point demerit)

WATER QUALITY: (.2535)

*1. Water clear enough to clearly see bottom of pool and pool drain 6

*2. Disinfectant residual provided by:

free chlorine = (at least 1.0 ppm or 2.0 ppm where required);

bromine = (at least 2.0 ppm); or

biguanide = (30 to 50 ppm)..... 6

*3. Pool water pH = (7.2 to 7.8)..... 6

*4. Water temperature of heated pool °F; does not exceed 90°F

(swimming pool) or 104°F (spa) 6

5. Daily written records of water quality and test kit kept on site 4

POOL MAINTENANCE:

*6. Main drain covers secured and in good repair, no suction hazard. Single

drains protected by April 1, 2006 (.2537, .2539)..... 6

7. Pool walls and floor kept clean, free of debris and in good repair (.2537)... 4

8. Surface skimmers (with weirs, baskets and covers) or gutters clean, in good

repair, and functioning properly, no floating debris (.2518, .2537) 4

9. Depth markings and no diving markers or signs visible and properly located

(.2523, .2537)..... 4

10. Safety ropes with floats and contrasting color bands provided at shallow area

breakpoints (.2515, .2523)..... 2

11. Diving equipment, ladders, steps and handrails properly placed, in good repair

(.2517, .2521)..... 2

12. Inlets and other fittings in place and in good repair (.2537)..... 4

13. Contrasting band on steps and benches (.2521, .2516, .2532)..... 4

14. Spa timer working properly (.2537)..... 4

PREMISES:

*15. Body hook and ring buoy with throw rope or lifeguard with rescue tube

provided and properly located (.2530, .2537) 6

16. Fence or barrier with self-closing, self-latching gates properly constructed and

maintained (.2528, .2537) 4

17. Decks unobstructed, properly drained, free of trip hazards (.2522, .2537)..... 4

18. Lifeguards present or warning signs posted (.2530) 4

19. Signs prohibit glass containers or pets in pool area(.2530) 4

20. Caution signs posted at hot water spas (.2532) 4

21. Pool and deck lighting provided at pools that operate at night (.2524, .2537) ... 4

*22. Emergency telephone provided (.2530) 6

EQUIPMENT ROOM:

23. Chlorine or bromine automatic feeders that meet NSF Standard 50 (.2535) 4

24. Approved pump, filter, and flow meter operating properly (2518, .2519) 4

25. Equipment and chemicals kept in a dry, well-ventilated enclosure (.2533, .2534,

.2537) 2

26. Valves and pipes identified by color codes or labels (.2518) 2

27. Filter backwash discharged through an air gap (.2513) 2

DRESSING AND SANITARY FACILITIES:

28. Bathhouse or rest rooms accessible; shower sign posted (.2526) 2

29. Required fixtures provided, clean, and in good repair (.2526) 2

30. Approved water source, no cross connections (.2512) 2

31. Sewage disposed of in a properly operating sewage system (.2513) 2

32. Floors smooth, slip-resistant, kept clean(.2526) 2

33. Hose bibbs and floor drains provided (.2526) 2

Comment Sheet Attached

Yes No

Report Received by:



Inspection Conducted by: Arlene D. Lawrence EHS I.D. # 2118 - Lawrence, Arlene D.

N.C. Department of Environment and Natural Resources

Division of Environmental Health

COMMENT ADDENDUM

Name: ENCLAVE AT RIVERGATE, THE

ID: 2060501383

Street: 12400 TOSCANA WAY

City: CHARLOTTE

Time In: 09 : 50 am
 pm

Time Out: 11 : 05 am
 pm

Total Time: 1 hr 15 minutes



N.C. Department of Environment and Natural Resources
Division of Environmental Health

COMMENT ADDENDUM

Name: ENCLAVE AT RIVERGATE, THE

ID: 2060501383

Street: 12400 TOSCANA WAY

City: CHARLOTTE



N.C. Department of Environment and Natural Resources
Division of Environmental Health

COMMENT ADDENDUM

Name: ENCLAVE AT RIVERGATE, THE

ID: 2060501383

Street: 12400 TOSCANA WAY

City: CHARLOTTE



General Comments:

Pool did not pass inspection due to emergency Kings III phone not working and all 5 weirs missing from skimmers. Placed pool on Q status. Pool closed and must pay re-inspection fee. Left operator with handout for Re-inspection requests.

Demerit Score: _____

Health Department 60 Mecklenburg

Inspection of **Swimming Pool**

Date of Insp/Chg: 04 / 20 / 2018

Current Facility ID 2060501028

Status Code: Q

Old Facility ID _____

Water Supply: Municipal/Community On-Site Supply

Water sample taken today?

Inspection

Name Change

Wastewater: Municipal/Community On-Site System

Yes No

Re-inspection

Verification of Closure

Visit

Status Change

Name of Establishment: HUNTINGTON FOREST HOA SWIM

Pool Operator: AJ

(F, L) FITZSIMMONS

Location Address: 10630 HUNTINGTON MEADOW LN

Mailing Addr. P.O. BOX 3591

City: CHARLOTTE

State: NC Zip: 28273

City: HUNTERSVILLE

State: NC Zip: 28070

WATER QUALITY: (.2535)

* Indicates critical item (6-point demerit)

*1. Water clear enough to clearly see bottom of pool and pool drain 6

***2. Disinfectant residual provided by:**

free chlorine = (at least 1.0 ppm or 2.0 ppm where required);

bromine = (at least 2.0 ppm); or

biguanide = (30 to 50 ppm)..... 6

*3. Pool water pH = (7.2 to 7.8)..... 6

*4. Water temperature of heated pool °F; does not exceed 90°F

(swimming pool) or 104°F (spa) 6

5. Daily written records of water quality and test kit kept on site 4

POOL MAINTENANCE:

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drains protected by April 1, 2006 (.2537, .2539)..... 6

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(.2523, .2537)..... 4

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(.2517, .2521)..... 2

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13. Contrasting band on steps and benches (.2521, .2516, .2532)..... 4

14. Spa timer working properly (.2537)..... 4

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*15. Body hook and ring buoy with throw rope or lifeguard with rescue tube

provided and properly located (.2530, .2537) 6

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maintained (.2528, .2537) 4

17. Decks unobstructed, properly drained, free of trip hazards (.2522, .2537)..... 4

18. Lifeguards present or warning signs posted (.2530) 4

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*22. Emergency telephone provided (.2530) 6

EQUIPMENT ROOM:

23. Chlorine or bromine automatic feeders that meet NSF Standard 50 (.2535) 4

24. Approved pump, filter, and flow meter operating properly (2518, .2519) 4

25. Equipment and chemicals kept in a dry, well-ventilated enclosure (.2533, .2534,

.2537) 2

26. Valves and pipes identified by color codes or labels (.2518) 2

27. Filter backwash discharged through an air gap (.2513) 2

DRESSING AND SANITARY FACILITIES:

28. Bathhouse or rest rooms accessible; shower sign posted (.2526) 2

29. Required fixtures provided, clean, and in good repair (.2526) 2

30. Approved water source, no cross connections (.2512) 2

31. Sewage disposed of in a properly operating sewage system (.2513) 2

32. Floors smooth, slip-resistant, kept clean(.2526) 2

33. Hose bibbs and floor drains provided (.2526) 2

Comment Sheet Attached

Yes No

Report Received by:



Inspection

Conducted by:  EHS I.D. # 2365 - Piephoff, Z. Taylor

N.C. Department of Environment and Natural Resources

Division of Environmental Health

COMMENT ADDENDUM

Name: HUNTINGTON FOREST HOA SWMM CLUB

ID: 2060501028

Street: 10630 HUNTINGTON MEADOW LN

City: CHARLOTTE

Time In: 07 : 40 am
 pm

Time Out: 08 : 40 am
 pm

Total Time: 1 hr 0 minutes

Spell

N.C. Department of Environment and Natural Resources
Division of Environmental Health

COMMENT ADDENDUM

Name: HUNTINGTON FOREST HOA SWIM CLUB

ID: 2060501028

Street: 10630 HUNTINGTON MEADOW LN

City: CHARLOTTE



N.C. Department of Environment and Natural Resources
Division of Environmental Health

COMMENT ADDENDUM

Name: HUNTINGTON FOREST HOA SWIM CLUB

ID: 2060501028

Street: 10630 HUNTINGTON MEADOW LN

City: CHARLOTTE



General Comments:

Permit denial due to PDSC information incorrect. Ensure all covers and pump match submitted models and manufacturers.
Re-submit PDSC information.

Permit denial due to pH registering 7.0

Comment Addendum Report

Establishment Name: VINOY APARTMENTS
Location Address: 8108 VINOY BLVD
City: CHARLOTTE **State:** NC
County: 60 Mecklenburg **Zip:** 28262
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site System
Permittee: VINOY APTS
Telephone: (704) 717-4811

Establishment ID: 2060501121
 Inspection Re-Inspection **Date:** 04/04/2018
 Visit **Status Code:** Q
 Verification **Category#:** N/A
 Name Change **Email:** THEVINOY@GREYSTAR.COM
 Status Change **Time In:** 12:00 PM
 Pre-Opening Visit **Time Out:** 1:30 PM
 Other **Total Time:** 1 hr 30 minutes
Water Sample taken Yes No

Temperature Observations
 Effective January 1, 2019 Cold Holding will change to 41 degrees

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

Observations and Corrective Actions

- 7. Pool walls need to be cleaned.
- 8. Baskets full of debris-keep clean, 2 missing weirs were replaced during visit.
- 12. Replace 1 floor fitting.
- 17. Keep pool furniture > 6' from pool edge.
- 19 & 26. Sign moved during visit so rules were visible upon entrance to pool.
- 21. 1 pool light needs to be replaced.
- 22. Moved sign so that it was visible from pool deck.
- 25. Keep chemicals off the floor, keep 3' clear walkway around equipment.
- 29. Soap is needed, mirrors should be shatter resistant.
- 32. Floors should be slip-resistant.

Person in Charge (Print & Sign): Robert Munoz
Regulatory Authority (Print & Sign): Garrett, Kimberly S.
REHS ID: 2096 **REHS Contact Phone Number:** _____

Demerit Score:

Health Department 60 Mecklenburg

Inspection of Swimming Pool

Date of Insp/Chg: 04 / 03 / 2018

Current Facility ID 2060500856

Status Code: Q

Old Facility ID

Water Supply: Municipal/Community On-Site Supply
Wastewater: Municipal/Community On-Site System

Water sample taken today?
 Yes No

Inspection Name Change
 Re-inspection Verification of Closure
 Visit Status Change

Name of Establishment: VILLAGES AT HARBORSIDE #1

Pool Operator: BRANDON MADDUX
(F, L)

Location Address: 8011 VILLAGE HARBOR DR.

Mailing Addr. PO BOX 4810

City: CORNELIUS State: NC Zip: 28031

City: DAVIDSON State: NC Zip: 28036

* Indicates critical item (6-point demerit)

WATER QUALITY: (.2535)

- *1. Water clear enough to clearly see bottom of pool and pool drain 6
- *2. Disinfectant residual provided by:
 - free chlorine = (at least 1.0 ppm or 2.0 ppm where required);
 - bromine = (at least 2.0 ppm); or
 - biguanide = (30 to 50 ppm)..... 6
- *3. Pool water pH = (7.2 to 7.8)..... 6
- *4. Water temperature of heated pool °F; does not exceed 90°F (swimming pool) or 104°F (spa) 6
- 5. Daily written records of water quality and test kit kept on site 4

POOL MAINTENANCE:

- *6. Main drain covers secured and in good repair, no suction hazard. Single drains protected by April 1, 2006 (.2537, .2539)..... 6
- 7. Pool walls and floor kept clean, free of debris and in good repair (.2537)... 4
- 8. Surface skimmers (with weirs, baskets and covers) or gutters clean, in good repair, and functioning properly, no floating debris (.2518, .2537) 4
- 9. Depth markings and no diving markers or signs visible and properly located (.2523, .2537)..... 4
- 10. Safety ropes with floats and contrasting color bands provided at shallow area breakpoints (.2515, .2523)..... 2
- 11. Diving equipment, ladders, steps and handrails properly placed, in good repair (.2517, .2521)..... 2
- 12. Inlets and other fittings in place and in good repair (.2537)..... 4
- 13. Contrasting band on steps and benches (.2521, .2516, .2532)..... 4
- 14. Spa timer working properly (.2537)..... 4

PREMISES:

- *15. Body hook and ring buoy with throw rope or lifeguard with rescue tube provided and properly located (.2530, .2537) 6
- 16. Fence or barrier with self-closing, self-latching gates properly constructed and maintained (.2528, .2537) 4
- 17. Decks unobstructed, properly drained, free of trip hazards (.2522, .2537)..... 4
- 18. Lifeguards present or warning signs posted (.2530) 4
- 19. Signs prohibit glass containers or pets in pool area(.2530) 4
- 20. Caution signs posted at hot water spas (.2532) 4
- 21. Pool and deck lighting provided at pools that operate at night (.2524, .2537) ... 4
- *22. Emergency telephone provided (.2530) 6

EQUIPMENT ROOM:

- 23. Chlorine or bromine automatic feeders that meet NSF Standard 50 (.2535) 4
- 24. Approved pump, filter, and flow meter operating properly (2518, .2519) 4
- 25. Equipment and chemicals kept in a dry, well-ventilated enclosure (.2533, .2534, .2537) 2
- 26. Valves and pipes identified by color codes or labels (.2518) 2
- 27. Filter backwash discharged through an air gap (.2513) 2

DRESSING AND SANITARY FACILITIES:

- 28. Bathroom or rest rooms accessible; shower sign posted (.2526) 2
- 29. Required fixtures provided, clean, and in good repair (.2526) 2
- 30. Approved water source, no cross connections (.2512) 2
- 31. Sewage disposed of in a properly operating sewage system (.2513) 2
- 32. Floors smooth, slip-resistant, kept clean(.2526) 2
- 33. Hose bibbs and floor drains provided (.2526) 2

Comment Sheet Attached

Yes No

Report Received by:

Inspection Conducted by: Alexandra Hall

EHS I.D. # 2517 - Hall, Alexandra L.

Purpose: General Statute 130A-282 requires the Commission for Health Services to adopt rules governing Public Swimming Pools. 15A NCAC 18A .2511 specifies the contents of an inspection form to record the results of inspections. This form is developed to be used in making inspections of public swimming pools, spas, wading pools and water recreation attractions. Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for: 1. Original to be left with the responsible person. 2. Copy for the local health department. 3. Copy for the Environmental Health Services Section, Division of Environmental Health. Disposition: This form may be destroyed in accordance with Standard-8.B.6., Inspection Records, of the Records Disposition Schedule published by the N.C. Division of Archives and History. Additional forms may be ordered from: Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1630. EHS 3960 (Revised 07/05) Environmental Health Services Section (Review 07/08)

N.C. Department of Environment and Natural Resources
Division of Environmental Health

COMMENT ADDENDUM

Name: VILLAGES AT HARBORSIDE #1

ID: 2060500856

Street: 8011 VILLAGE HARBOR DR.

City: CORNELIUS



General Comments:

- 6) PDSC form incorrect. Facility equalizers and pump did not match form.
- 16) Observed gate does not meet requirements of 18" of no access to inside handle for opening gate.

N.C. Department of Environment and Natural Resources
Division of Environmental Health

COMMENT ADDENDUM

Name: CROSSING AT QUAIL HOLLOW, THE

ID: 2060501309

Street: 8850 PARK ROAD

City: CHARLOTTE



General Comments:

- pH below 6.8
- One loose ladder
- One end cap missing
- Record books not being kept properly (only pH and Chlorine being checked)
- Chairs at 4 feet from pool.
- Areas of the fence is 5 feet from the ground to the bottom of the fence. (Measured from the outside).
- Observed pipes not labeled in the pump room.
- Observed the flow meter weight stuck at the bottom.
- Observed no air flow in the pump room.
- Observed the gauge rusted on one of the filters in the pump room.
- Observed the floor and walls of the shower in need of cleaning.

*Pool will be closed at dusk.

**PERMIT NOT ISSUED. FACILITY MAY CONTACT THE HEALTH DEPARTMENT FOR A REINSPECTION AND PAY THE \$100 RETURN FEE.

Report emailed to crossingatquailhollow@carrollmg.com