

Wheeling-Ohio County Health Department

City/County Building, 1500 Chapline Street, Suite 106 Wheeling, WV 26003

Phone (304) 234-3682 Fax (304) 234-6405

RECREATIONAL WATER FACILITY WEEKLY OPERATIONAL REPORT

FACILITY NAME:								WEEK ENDING:							_											
ADDRESS: (Street)							_	☐ GAS CHLORINATOR				SAND FILTRATION														
(Town)							_		☐ HYPO CHLORINATOR				D.E. FILTRATION													
(County)								☐ TABLET-ERROSION CHLORINATOR ☐ SODA ASH FEEDER					ER													
PHONE NUMBER:																										
	# of Bathers	# of Lifeguards Required	7	erated			SWIMMING POOL									OTHER WATER FACILITIES										
DAY					V											Please specify										
			led Y/I	tor Op	alinity		SHALLOW DEEP								(ie Wading Pool, Lazy River, Water Slide)											
			Filters Washed Y/N	ters Wash	ers Wash	ters Wasł	Hours Chlorinator Operated	Total Alkalinity	A	M	Pi	М	EV	/E	A	M	Pl	М	EV	/E	Al	M	Pi	М	EV	Æ
				Hours C	Hours C	pН	Cl ₂	pН	Cl ₂	pН	Cl ₂	pН	Cl ₂	pН	Cl ₂	pН	Cl ₂	pН	Cl ₂	pН	Cl ₂	pН	Cl ₂			
Sun																										
Mon																										
Tues																										
Wed																										
Thur																										
Fri																										
Sat																										

REMARKS:	Qualified Water Facility Operator:
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