

Demerit Score: 0

Date of Insp/Chg: 06/15/2026
Status Code: A

Health Department 92

Current Facility ID 4092500158

Old Facility ID

Inspection of Swimming Pool

Water Supply: ☒ Municipal/Community ☐ On-Site Supply

Wastewater: ☐ Municipal/Community ☒ On-Site System

Water sample taken today?

☐ Yes ☒ No

☒ Inspection

☐ Re-inspection

☐ Visit

☐ Name Change

☐ Verification of Closure

☐ Status Change

Name of Establishment: LILA E. JONES SWIM CLUB : MAIN

Pool Operator: Braxton Wilson
(F, L)

Location Address: 309 HOLLEMAN ST.

Mailing Addr. 309 HOLLEMAN ST.

City: APEX

State: NC

Zip: 27502

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* 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: ☐ 6

free chlorine = 2.0 (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 (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. Submerged suction outlets meet ASME/ANSI A112.19.8-2007. Single drains protected.(.2537, .2539) GPM=0 Field verification complete=No ☐ 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

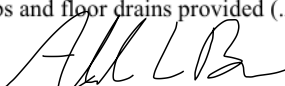
30. Approved water source, no cross connections (.2512) ☐ 2

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

Inspection

Conducted by: 

EHS I.D. #

3188 - Brown, Alexander

Comment Sheet Attached

☒ Yes ☐ No

Report Received by:





Comment Addendum to Inspection Report

Establishment Name: LILA E. JONES SWIM CLUB : MAIN

Establishment ID: 4092500158

Date: 06/15/2026 **Time In:** 8:45 PM **Time Out:** 8:54 PM

Additional Comments

Night swimming inspection completed on 6/15/2026. Night swimming is approved. All pool deck and in pool lighting observed during inspection must be maintained and remain on during operation at night. Any changes to the lighting requires a new night inspection and night lighting form to be completed.

Wake County recommends hyper-chlorinating the pool 2x per month and accurately recording on the CPO records.

Seasonal pool permit issued for 2026.