



Lodging Establishment Inspection Report

Establishment Information	
Facility Name CLEARWATER CABINS	Facility Type Lodging 5-30 Rooms (LH1)
Facility ID # ASTS-A3BSR3	Facility Telephone # 608
Facility Address W7605 COUNTY ROAD ZB ONALASKA , WI 54650	
Licensee Name CLEARWATER CABINS	Licensee Address W7611 COUNTY RD ZB ONALASKA , WI 54650

Inspection Information		
Inspection Type Routine	Inspection Date 11/07/2016	Total Time Spent

OPERATOR - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

Observed Violations
Total # 0

Comments
Water sampled today.

Any operator aggrieved by an order of this department under this chapter may request a hearing as provided in ch.227 statute, if state licensed, or a local ordinance if licensed by an agent health department.

Person in Charge

Sanitarian

Doug Schaefer
(608) 785-9679