



### Campground Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>GOOSE ISLAND CAMPGROUND</b>	Facility Type <b>Campground 200+ Sites (RC5)</b>
Facility ID # <b>HSAT-7QXNEC</b>	Facility Telephone # <b>608 788-7018</b>
Facility Address <b>W6488 COUNTY ROAD GI LA CROSSE , WI 54658</b>	
Licensee Name <b>LACROSSE CO FACILITIES DEPT</b>	Licensee Address <b>400 4TH ROOM 2040 ST N LA CROSSE , WI 54601</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>05/22/2015</b>	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.

<b>Observed Violations</b>
<b>Total # 0</b>

<b>Comments</b>
<a href="#">No violations noted at inspection. Contact Sam (785-9732) with questions.</a>

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

  
**Sue Lachman**

Sanitarian

  
**Sam Welch**  
**(608) 785-9732**