



Mobile Home Park Establishment Inspection Report

Establishment Information	
Facility Name BOSTWICK VALLEY MOBILE HOME PARK	Facility Type Manufactured Home Community 51-100 Sites
Facility ID # ASTS-9FNRGE	Facility Telephone # 608 783-6427
Facility Address N3305 COUNTY RD M WEST SALEM , WI 54669	
Licensee Name BOSTWICK VALLEY MOBILE HOME PARK INC	Licensee Address 250 SCOTT DR ONALASKA , WI 54650

Inspection Information		
Inspection Type Routine	Inspection Date 11/11/2016	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
<p>Total # 1</p> <p>1 - 26 - Maintain their sites in clean, orderly and sanitary condition</p> <p>REPEAT OBSERVATION: Observed garbage, rubbish, damaged/missing skirting, or other unsafe or unsanitary condition.</p> <p>Garbage observed in park not stored in durable, leak-proof, non-absorbent containers with tight fitting cover, or observed overflowing.</p> <p>Correct the following:</p> <p>Lot #124 Remove junk/salvage items (unused planters and equipment)</p> <p>Lot #130 Remove vehicle/renew license plates on red HHR 295 NGG JAN 16; repair skirting</p> <p>Lot #133 Remove vehicle /renew license on Chevy Lumina 739-SMJ (NOV 11)</p> <p>Lot #135 Remove junk/salvage items (buckets, multiple containers)</p> <p>Lot #151 Remove junk/salvage items (brush pile)</p> <p>Lot #167 Remove junk/salvage items (unused building materials)</p> <p>Lot #171 Remove junk/salvage items (unused building materials); secure the home against pest and human entry</p> <p>CORRECTIVE ACTION(S): Comply with the above. Correct By: 30-Nov-2016</p> <p>CODE CITATION: (2)â€, Maintain their site in a clean, orderly and sanitary condition at all times.</p>

Comments
<p>Re-inspection of park after approximately 2 weeks. Contact Sam (785-9732) to discuss the status of Lot 260, with questions or to schedule re-inspection.</p>

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.

A re-inspection to assess your correction of these violations will be conducted on, or about, 12/01/2016

Person in Charge

Scott Ryan

Sanitarian

A handwritten signature in black ink, appearing to read "Samuel Welch", with a vertical line at the end.

Samuel Welch
(608) 785-9732