



Recreational Water Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>GRANDSTAY RESIDENTIAL SUITES</b>	Facility Type <b>Indoor Pool</b>
Facility ID # <b>HSAT-7QXMS6</b>	Facility Telephone # <b>608 796-1615</b>
Facility Address <b>SWIMMING POOL 525 FRONT STREET N LA CROSSE , WI 54601</b>	
Licensee Name <b>LA CROSSE GSRS LLC</b>	Licensee Address <b>525 FRONT STREET N ST LA CROSSE , WI 54601</b>

<b>Pool Parameters</b>	
Free Available Chlorine/Bromine	8.0
Combined Chlorine	1.0
pH	7.4
Alkalinity	60
Cyanuric Acid	
Temperature	84.2
Flowmeter Reading(s)	225
Pressure Gauges Reading(s)	20

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>01/14/2016</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="#">Lower combined chlorine to less than .8 ppm</a> <a href="#">Pro shock sodium hypochlorite</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  
  
**Kristina Conca**

Sanitarian  
  
**Aron Newberry**  
**(608) 785-9730**



Recreational Water Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>GRANDSTAY RESIDENTIAL SUITES</b>	Facility Type <b>Additional Indoor Pool</b>
Facility ID # <b>HSAT-7QWHAK</b>	Facility Telephone # <b>608 796-1615</b>
Facility Address <b>WHIRLPOOL 525 FRONT STREET N LA CROSSE , WI 54601</b>	
Licensee Name <b>LA CROSSE GSRS LLC</b>	Licensee Address <b>525 FRONT STREET N ST LA CROSSE , WI 54601</b>

<b>Pool Parameters</b>	
Free Available Chlorine/Bromine	7.2
Combined Chlorine	.6
pH	7.2
Alkalinity	60
Cyanuric Acid	
Temperature	101.3
Flowmeter Reading(s)	175
Pressure Gauges Reading(s)	14

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>01/14/2016</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="#">Pro Shock sodium hypochlorite</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

  
**Kristina Conca**

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