



Recreational Water Inspection Report

<b>Establishment Information</b>	
Facility Name <b>MARINELAND DIVE CENTERS</b>	Facility Type <b>Indoor Pool</b>
Facility ID # <b>ASTS-8S8QMW</b>	Facility Telephone # <b>608 783-3186</b>
Facility Address <b>412 OAK FOREST DR ONALASKA , WI 54650</b>	
Licensee Name <b>MARINELAND OF ONALASKA INC</b>	Licensee Address <b>PO BOX 777 ONALASKA , WI 54650</b>

<b>Pool Parameters</b>	
Free Available Chlorine/Bromine Combined Chlorine	13
Oxidation Reduction Potential	
Disinfectant Type	Bromine
Secondary Disinfectant Type	
Secondary Disinfectant Level	
pH	7.6
Alkalinity	120
Cyanuric Acid	
Temperature	88
Calcium Hardness	
Saturation Index	
Flowmeter Reading(s)	240
Pressure Gauges Reading(s) Turnover Rate	18/14

<b>Inspection Information</b>		
Inspection Type Routine	Inspection Date March 5, 2019	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.

**Comments:**

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**