| Ohio Department of Health | | | | | | | Recreation Camp | |
|------------------------------------|---------------|--|----------------------------------|---|---|--------------------------------------|------------------------|--|
| Campground Inspection Report | | | | | | | reational Vehicle Park | |
| OAC 3701-26 | | | | | | | | |
| Health District | | | | | | <u>*</u> | nbined Park-Camp | |
| Darke County Name of Campground | | | | Address of Campground | Address of Campground Campground E-mail | | | |
| Cottonwood Lakes | | | | 8549 Althoff Rd Versailles | | | | |
| Owner/Operator Gary Giere | | | | Address of Owner/Operator | r | Owner E-ma | ail | |
| Licensed Capacity | | | | License No. | | Telephone N | -582-2610 | |
| L | | y of sections 2720 01 to 25 | 720 11 of the D | | tad to compat the | violations indicated below. | -562-2010 | |
| Circle 1 | 7 | | 29.11 of the K | Licensing | led to correct the | Camp Management | | |
| F | <u> </u> | Plan Approval Campsite | | Water Systems | | | | |
| | | Dump Stations | | Gray Water Systems | | Sewerage Systems Hygiene Facilities | | |
| |]] | Solid Waste | | Safety | | Electrical | | |
| | | | | | | | | |
| Item | 1 | Description of violation | | | | | | |
| | | | | | | | | |
| Satisfactory at time on inspection | | | | | | 15 Dection. | | |
| | | Johns John Till of Til | | | | | | |
| | | Battain | Battaina Baada Catic Cartaini TO | | | | | |
| | | Daring Brack - Sanstagore | | | | 1014. 10C | , 100 | |
| | | Much rain Water To Tak | | | | | | |
| l Sample (1 | | | | Ul Will be back hext | | | | |
| | | Welk weather permitting. | | | | | | |
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| Reins | pection? | Reinspection Date | | | | | | |
| \Box | 1 | | | | | | | |
| | | | | | | | | |
| Fail | ure to comply | with any specified time lin | nit(s) may resul | in revocation or suspension | of your Campgro | ound license. |)- + | |
| X) | rator | ور لار | , | Sanitarian WWW | Kelle | 1 Pates 7- | 548-4194 | |

HEA 5332 (Rev. 4/16)

Distribution: White - Operator

Canary - Health Department