-	ment of Health ound Inspec	Recreation	Camp al Vehicle Park			
OAC 3701-26	_		-			
Health District Name of Campground	clany		Address of Campground		Campground F- mail	Campground
Cottoni	wood Ca	1005	8549 M		1Cd. Verailles	
Owner/Operator	Giere		Address of Owner/Operato	r	Owner E-mail	
Licensed Capacity	123		License No.		Telephone No. 4/9-58 6	Well)
Under the authority		729.11 of the I	Revised Code, you are direc	ted to correct t	the violations indicated below.	
	Plan Approval		Licensing		Camp Management]
X	Campsite	一一	Water Systems		Sewerage Systems	
	Dump Stations		Gray Water Systems		Hygiene Facilities	
	Solid Waste		Safety		Electrical	-
	1					
Item	Description of violation					
4I A	4 primit	ille,	sites have	no no	umbers / across f	Pond)
			14 · · · · · · · · · · · · · · · · · · ·	1		
					94	
-						
		······································				
			40 (800) (800) (800)			Promotes Translation Assessment
Reinspection?	Reinspection Date					
Yes No						
Based on an inspection this day, the above marked violations must be corrected by the time(s) specified in this report. Failure to comply with any specified time limit(s) may result in revocation or suspension of your Campground license.						
Operator	9)		Saniterian	1	Date CAS	110

HEA 5332 (Rev. 4/16) Distribution: White - Operator Canary - Health Department