Ohi	io Depart	ment of Health	Recreatio	n Camp							
Ca	ampgro	Recreatio	nal Vehicle Park								
OA	C 3701-26						S = 1	1 Park-Camp			
Healtl	h District							-			
Name o	LJARK of Campground	E (DUNT)	<i>P</i>	Address of Campground	Temporary Campground Address of Campground E-mail						
	STILL	WATER BE	EACH	8408 Ce	8408 Versailles SE						
Owner/Operator ROBERT RECH				Address of Owner/Operator Same as	about	<u>.</u>	Owner E-mail	-			
Licensed Capacity				License No.	License No. Telephone No.						
	194		<u> </u>	6			·	<u> </u>			
Under t			729.11 of th	e Revised Code, you are directe	ed to correct	the violations indicat	ed below.				
	Plan Approval		Licensing		Camp Man	nagement					
	Campsite		Water Systems			Sewerage Systems					
]	Dump Stations		Gray Water Systems	ter Systems Hygie		Facilities				
		Solid Waste		Safety		Electr	ical				
Item				Descr	iption of vi	olation	The state of the s				
4(U(f)		Observed dump station not properly scaled at the time of									
		· · · · · · · · · · · · · · · · · · ·									
		* W. ,	-spection. All dump stations shall be properly combed to prevent								
public V		public he	health nuisances.								
4(1)(7)(6)		Observed sites A17 and A18 to be less than 10 feet apost. Cicensee shall ensure sites are not less than 10 ft. from each other									
		Cicensee shall ensure sites are not less than 10 ft. from each other									
		on adjacent sites									
4/11/2)		Site HIT was observed to have a sever connection that was									
		not connected at the time of inspection. Discussed all sewerage									
		systems	shall	د.				•			
4(M)(1)(a)		systems shall be maintained in a safe & sanitary mannes Observed Site H35 with a homemade showed setup behind postable									
		campel. Discussed Gray water shall be disposed of propelly to keep									
the facility safe and sanitary from public health missas						7					
		l a	hazar			,					
Reinsp	ection?	Reinspection Date						-			
Yes	s No			÷							
				ons must be corrected by the time result in revocation or suspension							
Opera	ator for	Marchal	سترسم واس	Sanitarian	2		Date 7/16	/2019			
HEA 5	332 (Rev. 4/1	6) Distribution	: White - O	Operator Canary - Health D	epartment	,	1	<i>• •</i>			

Ohio Depart	ment of Health					Recreation Camp					
Campgre	ound Inspe	ction Re	port			Recreational Vehicle Park					
OAC 3701-26	-	•	- .			Language states					
Health District		***************************************				Combined Park-Camp					
Name of Campground			Address of Campground			Temporary Campground Campground E-mail					
Trank of Campgionia			Address of Campground			Campground E-man					
Owner/Operator			Address of Owner/Operator			Owner E-mail					
Licensed Capacity			License No.		:	Telephone No.					
				-							
	· · · · · · · · · · · · · · · · · · ·	3729.11 of the R	evised Code, you are direc	ted to correct t	he violations indicated	i below.					
	Plan Approval		Licensing Camp I			anagement					
	Campsite					age Systems					
				Hygiene Facilities							
<u>v.</u>	Solid Waste		Safety		Electric	ral					
Item			Desc	ription of vio	lation	W					
4(P)(10)											
	, ,	a o:	TIRS FOR	(ampgr	ound not	covered and					
***************************************	Observed drainage tiles for campground not covered and protected. Discussed water areas under control of licensee										
the same	shall be	operat	ted & main	tained	in a safe	condition. Please					
**************************************	cover with securely fastening lids to prevent public health !										
	sately hozards										
1-1014 horas											
	NOTE: Operator to email photo of removed damaged, burnt structure to have on file. Please send to:										
	burnt structure to have on file. Please send to:										
	* CONNOR. SUPER@ DARKELOUNTY HEALTH, ORG										
	•			=							
		Ţ									
Reinspection?	Reinspection Date										
Yes No		j									
			must be corrected by the tim t in revocation or suspension			uc) i					
Operator	21 :		Sanitarian			Date					

HEA 5332 (Rev. 4/16)

Distribution: White - Operator

Canary - Health Department

7/16/2019