Ohio Department of Health								Recreation Camp	
Campground Inspection Report							Management of the Control of the Con	Incompanied	
-OAC 3701-26								Recreational Vehicle Park	
Health District							Combined	Combined Park-Camp	
Name of Campground Owner/Operator Licensed Capacity					Address of Campground [30] Thomas Ref.		terrane de la constante de la	Campground E-mail	
							. Campground E-ma		
					Address of Owner/Operato	r	Owner E-mail	Owner E-mail	
					License No.		Telephone No.	**	
		1/2	<u> </u>				196-	620 <u>3</u>	
Jnde	r the			29.11 of the		ted to correct tl	ne violations indicated below.	\neg	
			Plan Approval			Camp Management			
<u> </u>			Campsite		Water Systems	111	Sewerage Systems		
	<u> </u>		Dump Stations		Gray Water Systems		Hygiene Facilities		
			Solid Waste		Safety		Electrical		
Iten	n	<u> </u>	Description of violation						
			¥. 1.	POPUP:	the good wo				
		· .					·.		
Reins	nn a	ion?	Reinspection Date						
Y Based	es d on	No an inspecti	on this day, the above ma	rked violation	s must be corrected by the tin	ne(s) specified in	this report.		
	ure t		with any specified time lin	nit(s) may resi	Sanitarian Sanitarian	n of your Campa	I Date	12020	

HEA 5332 (Rev. 4/16)

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