Ohio Department of Health Campground Inspection Report OAC 3701-26					Recrea	Recreation Camp Recreational Vehicle Park	
					painter, mind		
Health District					Combi	ned Park-Camp	
Vark	e County		Addings	Address of Campground		Temporary Campground Campground E-mail	
Name of Campground	1 1 1 "		8549 Although	CRJ. Ve	Campground B	-mail	
Owner/Operator	<i>1</i> .		Address of Owner/Operato	r	Owner E-mail		
Licensed Capacity 12			License No.			Telephone No.	
	123		d	No. =#		82-2610	
Under the authority	of sections 3729.01 to 3'	729.11 of t	the Revised Code, you are direc	ted to correct t	he violations indicated below.	 1	
	Plan Approval		Licensing		Camp Management	Camp Management	
	Campsite		Water Systems		Sewerage Systems		
	Dump Stations	<u> </u>	Gray Water Systems		Hygiene Facilities		
	Solid Waste	Ш	Safety		Electrical		
Item			Desc	ription of vio	lation	- · ·	
	C 11-	<u>.</u> [<u> </u>			
	Datis	tach	bry at time.	Of INST	ection.		
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<u> </u>				<u> </u>		to the state of th	
			AND THE RESIDENCE OF THE PARTY				
Reinspection?	Reinspection Date				***************************************		
Yes No							
Based on an inspecti Failure to comply	ion this day, the above ma with any specified time li	ırked viola nit(s) may	tions must be corrected by the tin	ne(s) specified in n of your Camp	n this report. ground license.		
Operator			Sanitarian	9	Date	(N. 1.) N. N. N.	
100	- 20 -		$\langle \mathcal{A}_{h}, \mathcal{M} \rangle$	Via Jan -	- 1 (1)	19 19 999	

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Distribution: White - Operator

Canary - Health Department