



Darke County General Health District

Jordan Francis, MPH, Health Commissioner

Contributing to a Stronger, Healthier Community

Temporary Campground Guide



Due to the possibility of large crowds and multiple camping areas for the total solar eclipse event, the Darke County General Health District is planning for temporary campgrounds. We will waive the fee for a license during April 4th- 9th, but you will still need to be licensed and follow the basic guidelines:

Water (if available) must be from an approved source- Public water, health department sampled well, or bottled.	Ensure at least one responsible adult is available at all times the campground is in operation with a phone
Ensure the campground is properly drained and kept free of trash and debris. The solid waste hauler must be registered with the health department	Ensure that there are adequate methods of disposing sewer wastes- on-site dump stations, septage hauler registered by the health department, or individual site connections to a sewer system.
Limit and control the number of patrons and vehicles in a campground to avoid overcrowding and to maintain separation distances	Ensure there is first aid equipment
If there are more than 50 camping sites, a detailed security plan must be submitted and approved by the Darke County Sheriff's office. Please contact the Sheriff's Department at 937-548-2020. Also, please contact your local fire department to ensure the camp has adequate fire protection. Please submit a copy of the plan to Ginger Magoto at ginger.magoto@darkecountyhealth.org .	Ensure there are toilet facilities or porta pots available for men and women. Example: Toilet Facilities 15 sites → 1 men/ 1 women 60 sites → 2 men/ 3 women 120 sites → 3 men/ 6 women 300 sites → 6 men/ 12 women

***This is a short summary of the Ohio Administrative Code Chapter 3701-26. The full list of requirements can be found [here](#).
*For more information on temporary campgrounds, please visit our [website](#).**

PLEASE REGISTER YOUR EVENT [HERE](#)

Name: _____ Phone Number: _____

Location: _____ Date(s) & Time(s): _____

Number of campsites: _____ Solid waste hauler: _____

Septic Hauler (if applicable): _____ Potable water hauler (if applicable): _____

Gray water disposal: _____ Number of toilet facilities: _____

Please attach site location map

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Nursing Fax: 937-548-9128

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