

Ohio Department of Health  
**SITE EVALUATION REPORT**

To be completed by licensor having jurisdiction.

Authority: Ohio Administrative Code Chapter, 3701-26-03

TYPE OF PROJECT	
<input type="checkbox"/>	Recreation Camp (RC)
<input type="checkbox"/>	Recreational Vehicle Park (RVP)
<input type="checkbox"/>	Combined Park Camp (CPC)
-----	
<input type="checkbox"/>	*Temporary Campground (TPC)
<i>*TPCs are the responsibility of the local health district.</i>	

TYPE OF DEVELOPMENT	
<input type="checkbox"/>	New
<input type="checkbox"/>	Substantial Alteration

COUNTY		LOCAL HEALTH DISTRICT	
FACILITY NAME		OWNER	
STREET ADDRESS		STREET ADDRESS	
CITY, ZIP CODE		CITY, STATE, ZIP	
FACILITY PHONE NO.	FACILITY E-MAIL	OWNER PHONE NO.	OWNER E-MAIL

**I. Site Information/Conditions:**

A. Describe access thoroughfares on and adjoining the site: \_\_\_\_\_

B. Describe adjoining land uses: \_\_\_\_\_

C. Describe significant topographic features such as unusable land area, sharp changes in grade, waterways, or wetlands: \_\_\_\_\_

D. You may use the back of this form for additional remarks or to sketch the above or any other appropriate items.

E. Soil classification: list predominant soil types and characteristics (refer to the "Soil Conservation Service, Soil Survey"; \_\_\_\_\_

F. Research and comment on previous land uses to include, but not limited to, landfills or hazardous substance/disposal sites: \_\_\_\_\_

<p><b>II. Lot Information:</b></p> <p>Number of existing, fully developed lots: _____          (any lot a man. home can be placed/occupied)</p> <p>Total number of proposed lots: _____</p>	<p><b>III. Describe work proposed:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
---	---

**IV. Utilities** (check appropriate items):

A. Transmission lines:      Existing      Proposed      No Indication

    Electric

    Gas, propane, fuel oil

    Water

    Sanitary Sewer

    Storm sewer

B. Service systems:      Public      Private      Other

    Water ~~/~~ \_\_\_\_\_

    Sanitary \_\_\_\_\_

Campgrounds only:

    Restroom(s)

    Dump station(s)

    Waste water drain(s)

    Based on soil types in Sec. I E above, do you oppose use of a leaching type waste water drain(s)?     Yes  No

**Note:** New development or expansion may be subject to OEPA review and permits.

**V. Expansion/Substantial Alteration/New Development:**

A. Is the proposed development licensed by the licensor? ~~/~~ Yes ~~/~~ No

    1. Verify the number of lots on the license permit with section II above, and with previously approved plans, plan approval letters, and plan extension approval letters.

B. Comment on the compliance of the existing facilities to the appropriate rules. \_\_\_\_\_

C. Objections to development of the existing or proposed project. \_\_\_\_\_

SANITARIAN	DATE
------------	------