

Ohio Department of Health
**Application for License
To Operate a Temporary Park-Camp**

Valid _____ Through _____

License Fee _____

Temporary Park/Camp	Health District
Location	Name of Licensee
City	Address of Licensee
No. of Units	Telephone No. of Licensee

I hereby certify that I am the operator, or the authorized representative of the temporary park-camp indicated above.

Date _____ Signed _____

Do not fill in below this line

Application approved for license and certification as required by Section 3729.05 of the Ohio Revised Code.

By _____ Date _____ Audit No. _____ License No. _____



Medina County Health Department
Environmental Division
4800 Ledgewood Drive
Medina OH 44256
(330) 723-9523
Fax (330) 723-9650

Temporary Park-Camp License Application

This application must be submitted to the Health Department at least two (2) weeks prior to the scheduled opening date.

Indicate Type of Operation:	<input type="checkbox"/> New	<input type="checkbox"/> Altered	<input type="checkbox"/> Renewal
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Name of Event _____	Number of Camp sites _____
Address of Event _____	
Dates of Event/Operating Hours _____	
Name of Operator _____	
Operator Address _____	Phone _____

- Provide written verification from the local fire protection authority that the intended camp area has adequate fire protection and meets fire safety standards.

Two (2) sets of drawings must include:

- A map showing general location of the event.
- Total park-camp area, including dimensions.
- Location and size of all sites.
- Location of all roadways and walkways.
- Location of all permanent and temporary structures.
- Method and layout of electrical system and lighting.
- Details of water supply. Indicate if the water is from a non-municipal source (i.e., well, cistern, hauled water storage tank). Indicate location of all water sources. Water sources must be tested and receive negative bacteriological results prior to event. (Note: providing water is optional.)
- Location and number of dump stations, if available, and/or the name of the sewage or septage hauler.
- Location and number of waste water disposal facilities. (Waste water shall not be discharged into storm drains or onto the surface of the ground.)
- Location and number of toilets and a layout of any toilet facilities. Indicate shower area if available.
- Method of backflow prevention for potable water supply. (Location of all ASSE-1013 backflow prevention assemblies.)
- Method of solid waste (trash/refuse) storage and collection.

Note: Additional information may be required during the plan review process. If any changes are made in these items, please contact the Health Department.

Signature of person responsible for proper operation of temporary park-camp:	
Signature _____	Date _____

REQUIREMENTS FOR A TEMPORARY PARK-CAMP

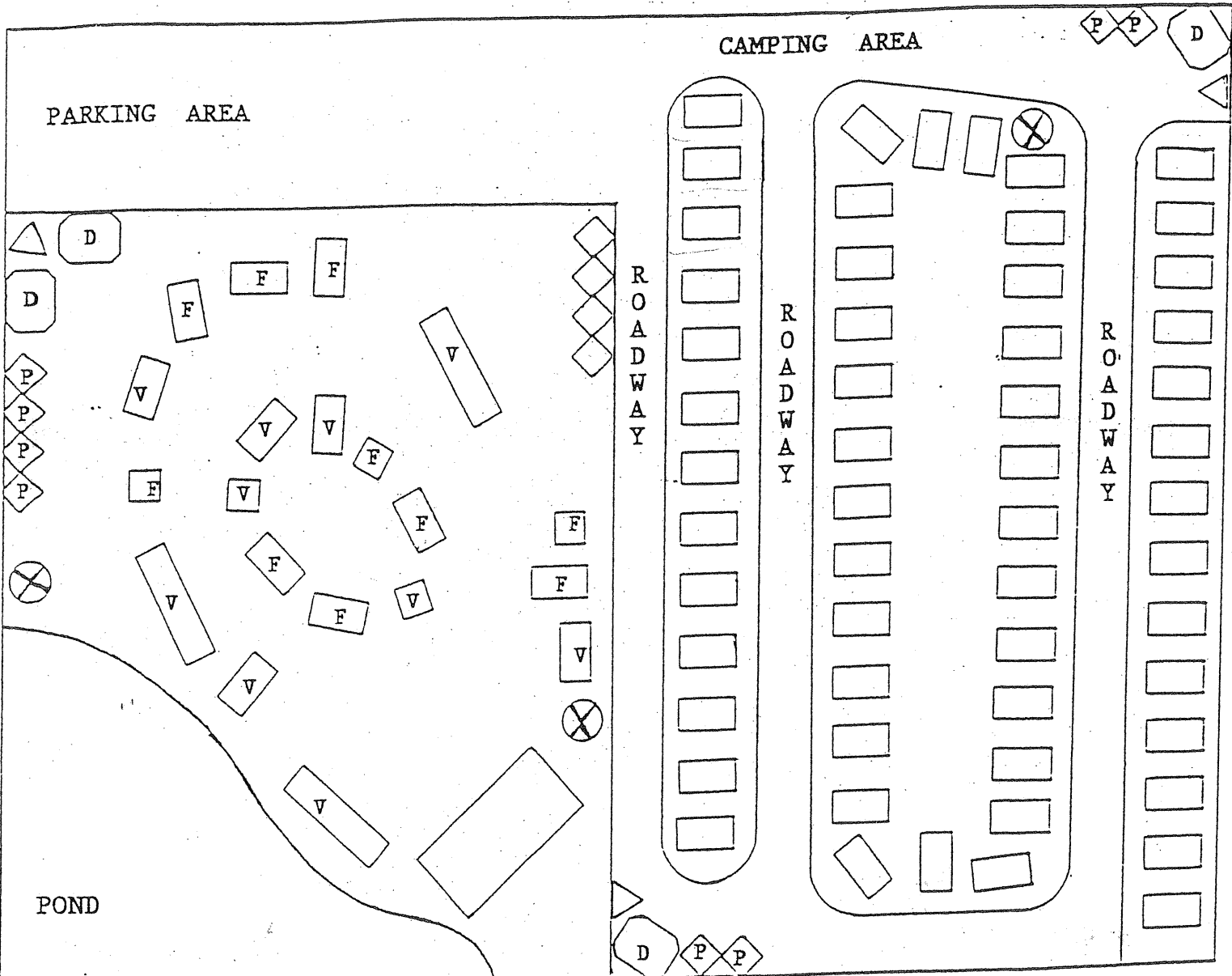
Toilet Facilities (required)
Dump Station (required)
Waste Water Drains (required)

Potable Water Supply (optional)
Showers (optional)
Electric Service at Sites (optional)

NOTE: If an optional item is provided, it must be installed in full compliance with applicable Ohio Administrative Code (OAC) rules.

- ❖ Density – OAC Rule 3701-26-07
 - Side-to-Side spacing for all recreational vehicles (RVs) in the temporary park-camp shall be separated by a minimum of fifteen (15) feet from all other RVs.
 - End-to-End and End-to-Side spacing for RVs shall be a minimum of ten (10) feet.
 - Portable camping units (PCUs) such as tents and pop-ups, shall be separated by a minimum of ten (10) feet Site-to-Site (five (5) feet on same site).
 - Each site must be identified with a number, letter or combination thereof. The numbers shall be sequential.
- ❖ Site – OAC Rule 3701-26-08
 - RVs or PCUs shall be located only on sites approved by the Health Department.
 - Sites shall have a minimum area of 1000 square feet, unless otherwise approved by the Health Department.
 - Each site may allow one (1) RV, two (2) PCUs, or three (3) PCUs, on one (1) site with proper spacing.
 - Sites shall be properly drained and kept free of all trash and debris.
- ❖ Water Supply (if provided) – OAC Rule 3701-26-10
 - A water supply for human consumption shall be from either a public water supply or a system approved by the Ohio EPA, or a water sample may be required from a private water system that meets the requirements of OAC Chapter 3701-28.
 - Non-potable waters supplies shall be clearly labeled “UNSAFE FOR HUMAN CONSUMPTION,” or “DO NOT DRINK.”
 - Each individual site, PCU, or RV, shall be equipped with an ASSE-1024 dual check valve backflow prevention device.
- ❖ Liquid Wastes and Sewage Facilities – OAC Rule 3701-26-11, and -12
 - The licensee shall ensure that liquid waste is not discharged to the surface of the ground or into any storm drains. There shall be NO sewage or gray water nuisance conditions.
 - Adequate methods for dumping wastes from camping units shall be provided in temporary park-camps, which may include, but are not limited to:
 - ◆ On-site dump stations,
 - ◆ The services of a sewage tank cleaner or septage hauler, or
 - ◆ Individual site connections to a sewage system or sanitary sewer.
- ❖ Dump Station – OAC Rule 3701-26-14
 - A water supply shall be available for flushing purposes only and shall be protected against backflow with an ASSE-1013, ASSE-1020, or ASSE-1001 backflow prevention device—see 3701-26-14(A)(3).
 - There shall be one (1) dump station per 100 sites.
 - Each dump station shall be posted with signs stating instructions for use.
 - Non-potable water supplying the dump station shall be clearly labeled “UNSAFE FOR HUMAN CONSUMPTION.”
- ❖ Safety – OAC Rule 3701-26-18
 - Adequate firefighting equipment (as determined by the local fire authority) shall be provided.
 - An available telephone shall be provided with posted list of emergency numbers.
 - First aid equipment shall be provided.
- ❖ Rules – OAC Rule 3701-26-19
 - The operator shall provide rules in accordance with these requirements.
- ❖ Restrictions of Animals and Pets – OAC Rule 3701-26-23
 - All pets must be registered.
 - Any animal bites must be promptly reported (within 24 hours) to the Health Department. Also complete and submit *Record of Animal Bite* form.

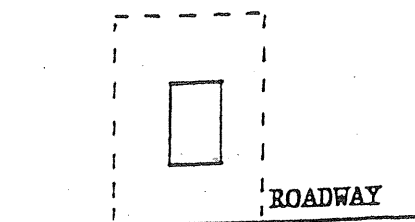
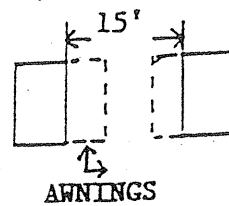
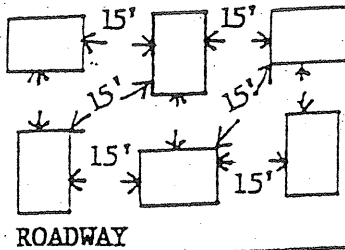
NOTE: This information is a partial list of the requirements to operate a Temporary Park-Camp. Please refer to OAC Chapter 3701-26 for complete Rules and applicable requirements.



CAMPER SPACING REQUIREMENTS BETWEEN UNITS:

KEY

	Port-A-Pots
	Waste Water Drains
	Dumpsters
	Water Supply
	Food Stand
	Food Stand
	Vendor
	Camper Unit



SITE LOT
 MAXIMUM AREA
 1,000 Sq. Ft.

4800 LEDGEWOOD DRIVE
MEDINA, OHIO 44256



(330) 723-9523
(330) 220-6265
(330) 336-4136
FAX (330) 723-9650

RECORD OF ANIMAL BITE

NOTE: Ohio Administrative Code Rule 3701-3-28 requires that an animal bite be reported to the Health District within **24 hours** of the bite. Please complete this form and FAX to the Health District as soon as possible.

DATE OF BITE _____ Information Provided by _____

VICTIM _____ AGE _____

PARENT'S NAME (If a Minor) _____ HOME PHONE _____

ADDRESS _____ CITY _____ ZIP _____ DAY PHONE _____

Location of Bite on Body _____

Medical Care Administered? Yes No Date _____ Caregiver _____

Circumstances of Bite/Other Information _____



INFORMATION ON ANIMAL

Kind _____ Color/Size/Sex _____

Breed _____ Name of Animal _____

ANIMAL OWNER _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

Political Subdivision (Township/Village/City) _____

Veterinarian _____ Phone _____

Has Animal Been Vaccinated for Rabies? Yes No Date _____ (1 year or 3 year)

PAST HABITS? _____

◆◆◆◆◆HEALTH DISTRICT USE BELOW THIS LINE◆◆◆◆◆

DATE RECEIVED: _____ by: _____

COMMENTS _____

RABIES ANALYSIS? _____ RESULTS _____

OHIO DEPARTMENT OF HEALTH

_____ HEALTH DISTRICT

RV Park, Recreation Camp, Combined Park—Camp, Resident Camp, Day Camp

INJURY REPORT

Name of Park or Camp _____

Location _____

Date and Time	Name of Victim	Age	Description of Accident and Injuries	First Aid Treatment	Medical Authorities Contacted

ANIMAL REGISTER

MEDINA COUNTY HEALTH DEPARTMENT, 4800 LEDGEWOOD DR., P.O. BOX 1033, MEDINA, OHIO 44258

CAMP NAME _____

Animal Owner: Name Home Address: street, city, state, zip Home Phone: include area code	Camp Site Number	Animal Type	Dates of Stay	Last Lodging Site	Next Destination

CAMP OPERATORS MUST NOTIFY THE HEALTH DEPARTMENT IMMEDIATELY OF ANY HUMANS BITTEN BY ANIMALS