

MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY DRINKING WATER AND ENVIRONMENTAL HEALTH DIVISION

CAMPGROUND INSPECTION REPORT

Issued under authority of Part 125, Campground Administrative Rules, of 1978 PA 368, as amended.

| Campground Name: | An annuai in | spection is required | ID # CG - |
|--|--|----------------------|---|
| Location: | Con | ınty: | 1.5 00 |
| Owner's Name and Address: | | <u> </u> | |
| - | DOMESTIC OF | | |
| TYPE OF SITES* MODERN PRIMITIVE *Modern site served by site sewer connection or service building flush toilet. Primitive site by primitive site several sites and sites are sites as a several site several sites as a several site several sites as a several site several site several sites as a several site several sites as a several site several site several sites as a several site several site several sites as a several site several site several sites as a several site several sites as a several site several site several site several sites as a several site several site several site several sites as a several site several site several site several site several site several sites as a several site several site several site several site several site several sites as a several site several si | | | Number of Convenience Water Outlets //y. Number of Sites w/ Water Connections Number of Sites w/ Electrical Service |
| Number of Individual Sites + = | | | Number of Sites w/ Sewer Connections Number of Sites w/ Seepage Pits |
| Equivalent No. of Group Sites + = TOTAL | | | Number of Camping Cabins-on licensed sites, under 400 sq. ft., no direct water connection, moveable |
| KEY: ✓ Compliance X No | ncompliance • Not A | pplicable | Number of Resort Cabins-cabins other than camping cabins, may not be placed on licensed sites |
| Sites: General (Rule 6) | | Pi | rivies: (Rules 6a, 16) |
| Current license posted (Sec. 12508) | | | Adequate numberProperly maintained |
| Local plumbing and electrical approvals for buildings/sites | | | Properly constructed Minimum 50' from campsites |
| Site layout complies with approved | | | |
| Minimum 4' unobstructed path around recreational units (rec unit) | | | Wastewater Collection: (Rules 10-13, 19) |
| No permanent structures on licensed sites | | | Risers minimum 2" above grade Capped at vacant sites |
| Drainage1 rec unit per siteNo unlicensed sites/areas | | | Minimum 5' between sewer & water risers |
| | | | Septic tank(s) properly maintained & pumped as needed |
| Group Sites: (Rule 6b) | | | All tank risers properly secured to prevent unauthorized access |
| Area boundaries designatedSigns postedRecords keptMinimum 4' path around rec unitsEmergency vehicle access maintained | | | No buried wastewater storage tanks |
| Minimum 4" path around rec units _ | Emergency venicle acce | | Instance Discussed (Dulas 40, 44) |
| Metar Complex (Act 200 Peda 0) | | | /astewater Disposal: (Rules 10, 14) |
| Water Supply: (Act 399, Rule 9) Municipal Type I Type II Type III | | | Properly maintained/operated No evidence of failure Lagoon has fence/gate/signage & weeds/animals are controlled |
| MunicipalType IType IIType III Regulated by Noncommunity Water Supply Program Yes No | | | Lagoon has lence/gate/sighage & weeds/animals are controlled |
| Well: Properly maintained/operated Adequate capacity | | | eepage Pits: (Rule 18) |
| Minimum isolation distances met | | | Properly maintained/operated Minimum 75' to wells |
| Above-grade well house Sample tap, Pump-to-waste | | | No new seepage pits constructed/replaced after year 2000 |
| | | _ | <u> </u> |
| Distribution: (Act 399, Rule 9) | 5 | Sa | anitary Station: (Rule 26) |
| Disinfected & sampled before opening Date Last Sampled: / / | | | Potable(drinking) tower & signNonpotable(rinse) tower & sign |
| BacT (Coliform/100 mL) Not Detected | | | Vacuum breaker at highest points of both towers |
| All LHD-required sampling conditions/parameters met | | | Device to keep hoses off groundFoot-operated hatch |
| Properly maintained/operated | readed has AVD 8 accessible | without book | incellenceus Deguirementes |
| Convenience outlet unthreaded-if threaded has AVB & accessible/without hose | | | iscellaneous Requirements: Sufficient # garbage containers & emptied as needed (Rule 31) |
| Disinfection equipment or injection tapNo stop and waste valves No buried hoses | | | Roadways maintained (Rule 8) |
| 1 rec unit per site water connection | | | Maintain minimum 20' road right-of-way (Rule 8) |
| 1 Too arm per one water connection | | _ | Manager available/notice posted where to contact Mngr (Rule 7) |
| Service Building: (Rules 21, 27) | | _ | Location of nearest emergency phone & locations/phone #s |
| Windows that open are screened Coving | | | for police, fire & medical assistance posted/provided (Rule 7) |
| Self-closing exterior doors Fixtures in working order | | | 1 rec unit per electrical outlet (Rule 33) |
| LightingProper plumbing, no | cross connections | | No buried extension cords (Rule 33) |
| Hot water 120°F or lessPrope | erly maintained/operated | | Swimming Pool: Current license posted (Rule 35) |
| | | | Beach: If sampled post results OR post as "Not Tested" (Rule 35) |
| Service Buildings # of SBs: | MALE FEMALE | UNISEX | Beach: GLWSC min rec 20in throw ring, 75ft float rope, sign |
| Number of Lavatories (sinks) | | | AND/OR insurance/attorney directives met (Rule 35) |
| Number of Toilets Number of Urinals | | | Measures taken to reduce mosquito population (Rule 31) |
| Number of Urinais Number of Showers | | | Grounds and facilities maintained/clean (Rule 27) No campsite/water/sewer modifications without LHD/EGLE |
| Number of Showers Number of Vault/Portable Privies | | | construction permits (Rule 3) |
| Number of Vaulti Ortable i livies | | | construction permits (ixule 3) |
| This facility is NOT in substantial co This facility is NOT in substantial co | round was found to be in sul mpliance; a follow-up inspec | tion will be made on | with Part 125 of the Public Health Code; licensure is recommended. / / . Correct all violations by this follow-up date. Violations and additional comments below. |
| COMMENTS: | | | |
| | | | |
| NOTE: Use Campground Inspection Rep | oort Supplement (Form EQP | • | |
| LHD Rep Signature Campground | | | Rep Signature |
| Printed Name | | | Printed Name |
| Inspection Date | | | |

DISTRIBUTION: ORIGINAL TO LOCAL HEALTH DEPARTMENT AND EGLE VIA MIEHDWIS / COPY TO OWNER