



Harrison County General Health District Nuisance Complaint (Instructions)

Public Health Nuisances

Please read before signing nuisance complaint

The Harrison County Sanitary Code includes regulations on the following “NUISANCES” that may become injurious to the public by creating a “PUBLIC HEALTH HAZARD.”

Nuisances the Harrison County General Health District will investigate:

- Malfunctioning sewage disposal devices (sewage)
- Garbage and refuse
- Public swimming pools, bathing places, camps, parks, trailer parks and other places of public gathering
- Water supply system
- Abandoned wells and cisterns

The above areas will be investigated when a signed written complaint is filed as required by the Board of Health. Where a “PUBLIC HEALTH NUISANCE” is found to exist, this Department will take the necessary steps to bring about compliance within the provisions of the Sanitary Code.

The following issues are NOT covered by the Harrison County Sanitary Code and therefore this Department has no basis for prosecution if compliance is not voluntary.

- Weeds or trees
- Housing (no building code in Harrison County)
- Number of animals
- Unclean living conditions
- Junk automobiles and / or junk yards (contact Jim Carl at the Harrison County Sheriff’s Office: 740-942-2197)
- Burning of Materials (contact Ohio EPA in Logan, Ohio 614-385-8501)
- Unsanitary living conditions with children involved (contact Children Services at 740-942-3015)
- Landlord/Tenant problems (contact Southeastern Legal Services at 1-800-837-4781)



Harrison County General Health District Nuisance Complaint

Name of Complainant _____

Address _____ Phone _____

City _____ Zip _____

Name of Offender _____

Address _____ Phone _____

City _____ Zip _____

Location of Nuisance _____

Nature of Nuisance _____

I, the undersigned complainant, hereby agree that if it should become necessary for me to testify, or depose in any legal action or proceeding to the above facts I will so testify or depose.

Complainant's Signature

Date



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*** To Be Completed by HCGHD Staff Only ***

Date of 1st Inspection _____

Conditions Found _____

Findings of Interview with Alleged Offender _____

Recommendations _____

HCGHD Staff Signature

Date of 2nd Inspection _____

Conditions Found _____

Findings of Interview with Alleged Offender _____

Recommendations _____

HCGHD Staff Signature