

**BOARD OF HEALTH
BELMONT COUNTY GENERAL HEALTH DISTRICT**

68501 Bannock Road • St. Clairsville, Ohio 43950 • Phone (740) 695-1202 • Fax (740) 695-8890
www.BelmontCountyHealth.com



PUBLIC HEALTH NUISANCES

Please read before signing nuisance complaint.

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

List of nuisances the Belmont County Health Department WILL investigate:

1. Malfunctioning sewage disposal devices (sewage)
2. Garbage and refuse
3. Public swimming pools, bathing places, camps, parks, trailer parks, and other places of public gathering.
4. Water supply systems
5. 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 attempt to bring about compliance within the provisions of the Sanitary Code.

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

1. Weeds or trees
2. Housing (no building codes in Belmont County)
3. Number of animals
4. Unclean living conditions
5. Junk automobiles and/or junk yards (contact your township trustees)
6. Burning of materials (contact Ohio EPA in Logan, OH 614- 385-3801)
7. Commercial sewage problems (contact Ohio EPA in Logan, OH 614-385-3801)
8. Unsanitary living conditions with children involved (contact Children Services 740- 695-1074)
9. Landlord/Tenant problems (contact Southeastern Legal Services 1-800-837-4781)

The above list will NOT be investigated because there are no public health regulations governing them.

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NUISANCE COMPLAINT

Name of Complainant _____ Date _____
Address _____ Phone _____
_____ Zip _____

Name of Offender _____
Address _____ Phone _____
_____ 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 of proceeding to above facts, I will so testify or depose.

Date

Complainant's Signature

Investigation Report

Conditions Found _____

Recommendations _____

Date

Investigator