

Site Survey

CONTACT

Agency: _____ Name: _____
Phone Number: _____ Email: _____
Site name: _____ District: _____

MAP

Green Trails Map Name: _____ Green Trails Map#: _____ Grid: _____
National Forest: _____ Ranger District: _____ Grid: _____
USGS Map #: _____ Grid: _____
Township: _____ Range: _____ Section: _____ County: _____
Latitude: _____ Longitude: _____ Elevation: _____

CAMPING FACILITIES – Indicate Yes or No, and amount if relevant.

___ Group Site(s) ___ Tent Site(s) ___ Trailer Site(s) ___ Horse friendly sites
___ Fire pit ___ Picnic Table ___ Rain shelter ___ Potable water
___ Insects ___ Wild Animals ___ Camp Host ___ ADA Accessible
___ Garbage Collection ___ Showers (Coin-op; or Free)
___ Restroom (Pit; Porta-potty; Composting; Vault; Flushing; None)
___ Fee (Reservations allowed - Yes or No, contact: _____)
___ Open Date _____ Close Date

STOCK FACILITIES – Indicate Yes or No, and amount if relevant.

___ Manure Dump ___ Stock Water ___ Corrals ___ Feed Restrictions
___ Highline ___ Hitching Rail ___ Stalls ___ Number of horses per site

TRAIL ACCESS

___ Number of Trails ___ Frequency of Trail maintenance
___ Difficulty of trails ___ Level of trail Use

Are any of the following activities allowed on the trails?

Motorcycles Mountain Biking ATV

NEARBY ACTIVITIES – How many miles away?

___ Hot Spring ___ Ghost Town ___ Fossil Hunting ___ Swimming
___ Ice Caves ___ Lava Tubes ___ Hiking ___ Games
___ Team Building ___ Sports ___ Mines ___ Open Field
___ Fishing ___ Showers ___ Groceries ___ Gas
___ Pay Phone ___ Laundry

EMERGENCY SERVICES

Hospital/Urgent Care: _____ Phone Number: _____
City: _____ How many miles: _____

Vetrinarian/Urgent Care: _____ Phone Number: _____
City: _____ How many miles: _____

Plan four complete trips - one in each end of the state