

## 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