

CAMPGROUND PLAN APPROVAL APPLICATION

Complete all sections. Sections not applicable indicated with "N/A". **Type or Print Only.**

Application is for: New Campground Modification / Additions to Licensed Campground (Describe Modification / Additions Briefly)

PART I

Campground Name		County
Campground Street Address, City, State and Zip Code		Telephone ()
Legal Licensee (such as name of sole proprietor or partnership, or LLC, LLP, Inc.)		
Licensee Street Address, City, State and Zip Code		Legal Licensee Telephone ()
Name of Agent for the Corporation / Operator (if applicable)		Intended Date of Opening for Business
Name of Former Business	Name of Former Operator	ID No.

PART II

NUMBER OF ACRES USED FOR CAMPSITES:

WATER SUPPLY	Existing: <input type="checkbox"/> Public <input type="checkbox"/> Private: Number of private onsite well(s) _____	New: <input type="checkbox"/> Public <input type="checkbox"/> Private: Number of private onsite wells _____
WASTEWATER SYSTEM	Existing: <input type="checkbox"/> Public <input type="checkbox"/> Private: Number of POWTS* _____	New: <input type="checkbox"/> Public <input type="checkbox"/> Private: Number of POWTS* _____
SANITARY DUMP STATION	Existing: <input type="checkbox"/> Public <input type="checkbox"/> Number of POWTS* _____ <input type="checkbox"/> Vault	New: <input type="checkbox"/> Public <input type="checkbox"/> Number of POWTS* _____ <input type="checkbox"/> Vault

See HFS 178, Wisconsin Administrative Code, for petition for waiver requirements for Sanitary Dump Station
 *Private Onsite Wastewater Treatment System

LIST TYPES OF CAMPING UNITS INTENDED FOR CAMPSITES (All must be portable and *used only* as temporary dwellings.) **(Tents, RVs, etc.):**

(Example: RVs only)

PART III

Sites and Provisions* (*All sites not <u>designated</u> will be used to calculate toilet fixture needs)	Example	Existing (Currently licensed) TOTAL & SITE NUMBERS	New New site(s) TOTAL & SITE NUMBERS
CAMPSITE INFORMATION			
List types of camping units for campsites (tents, RVs, etc.) by site numbers. (Provide range where appropriate.)	Tents: 1-10, 21-29 RV's: 30-40 11-20		
(a) Total number of campsites	40		
Total sites and site numbers with water and sewer connections	11/30-40	/	/
Total sites and site numbers with water connection only	9/21-29	/	/
Total sites and site numbers with sewer connection only	10/11-20	/	/
Total sites and site numbers without sewer or water	10/1-10		
(b) Identify by site numbers the total sites <u>designated</u> for independent camping units (see definition below) (Identify by "I" on Plan Drawing)	21/30-40, 11-20		
(c) Identify by site numbers the total sites <u>designated</u> for dependent camping units (see definition below) (Identify by "D" on Plan Drawing)	19/1-10, 21-29		
TOILET FACILITIES (Number of units)	Site # used: (a)-(b)	Existing	New
Female	Flush toilet	2	
	Privy	1	
	Shower	2	
Male	Hand sink	2	
	Flush toilet	1	
	Flush urinal	1	
	Vault urinal	0	
	Privy	1	
	Shower	2	
	Hand sink	2	

"Independent camping unit" means a camping unit, which contains, at a minimum, a water storage facility and a toilet facility, which discharges to a liquid waste holding tank that is an integral part of the unit or to a sewage disposal system.

"Dependent camping unit" means a camping unit without a toilet and which therefore depends on campground toilets.

PLAN REQUIREMENTS

Chapter HFS 178.04 Plan Approval. The operator shall submit plans and specifications for a new or expanded campground to the Department for examination and approval **before** beginning construction or modification. No change in plans or specifications that involves any provision of this chapter may be made unless the change is approved and dated by the Department.

NOTE: Operators must consult with the Department of Commerce (Safety and Buildings Division) as well as local building and zoning authorities before commencing construction or modification.

PLAN DRAWN TO SCALE: Indicate scale (25 feet) on plan or provide dimensional plan indicating code-required distances in linear feet.

PLAN SUBMITTAL CHECKLIST: Identify the following features on the plan. Submit identifying key if necessary. Check off these features included on the plan. Any features not applicable to your plan indicate with "N/A." **Do not leave blank.**

PART IV	*REQUIRED	**PROVIDE IF EXISTING OR PLANNED.
<input type="checkbox"/> Layout of & Designated campsites* (by number & "I" or "D")	<input type="checkbox"/> Sanitary dump station(s)(SDS)**	<input type="checkbox"/> Activities area(s)**
<input type="checkbox"/> Distance between campsites*	<input type="checkbox"/> Sewage disposal system(tank(s) and drain field / holding tanks)*	<input type="checkbox"/> Petting zoo / animal area / manure deposition**
<input type="checkbox"/> Site setback distances from street*	<input type="checkbox"/> Fire extinguishers*	<input type="checkbox"/> "Office" building**
<input type="checkbox"/> Streets / roadways / highways*	<input type="checkbox"/> Garbage / refuse containers*	<input type="checkbox"/> Mobile homes (DCOMM conforming)**
<input type="checkbox"/> Designated parking areas**	<input type="checkbox"/> Garbage dump on site**	<input type="checkbox"/> Park models (RPTIA certified)**
<input type="checkbox"/> Permanent building / structures**	<input type="checkbox"/> Garbage / refuse incineration location on site**	<input type="checkbox"/> Yurts/camping cabins / tepees**
<input type="checkbox"/> Potable well(s)*	<input type="checkbox"/> The drawing's scale (25 feet)*	<input type="checkbox"/> Storage of wastewater hauling equipment**
<input type="checkbox"/> Potable water piping & hydrants**	<input type="checkbox"/> Pools / whirlpools / lake / river / beach**	<input type="checkbox"/> DCOMM approved wastewater collection transfer container installation for specific site(s)*
<input type="checkbox"/> Potable Water outlets*	<input type="checkbox"/> Water slide**	<input type="checkbox"/> Americans with Disabilities Act accessibility provisions*
<input type="checkbox"/> Toilets / Privies*	<input type="checkbox"/> On-site food service / retail food store**	
<input type="checkbox"/> Shower facilities**	<input type="checkbox"/> Rental cottages / similar permanent habitable structure**	

PART V ADDITIONAL SUBMITTAL REQUIREMENTS: Submittal to, review and approval by the **Wisconsin Department of Commerce, Safety and Buildings Division**, in most instances, is required for plans for the construction of public buildings, water, plumbing and wastewater treatment systems servicing campgrounds. **The Wisconsin Division of Public Health requires proof of approval for these systems/construction in campgrounds. Submit copies of DCOMM Approval letters to your Regional office with the plan and this application. Check off indicating the documentation is included.**

<input type="checkbox"/> Department of Commerce Safety and Buildings Division PLAN APPROVAL LETTERS for:				
<input type="checkbox"/> a) Water Distribution System	<input type="checkbox"/> b) Plumbing	<input type="checkbox"/> c) Wastewater Treatment Systems	<input type="checkbox"/> d) Wastewater Transfer Containers	<input type="checkbox"/> e) Toilet/Shower House Construction

Note: A Wisconsin licensed plumber must complete all plumbing.

<input type="checkbox"/> Letter from the County Zoning Administrator indicating approval for the campground site, septic, land use and privies.
<input type="checkbox"/> A copy of the laboratory analysis results for potable water supply (sampled and analyzed for coliform and nitrates).
<input type="checkbox"/> Name, address, and phone number of the Wisconsin registered well driller and pump installer: Name _____ Address _____ Telephone Number () _____

PART VI SUBMIT COPIES OF THE PLAN SUBMITTAL REQUIREMENTS INCLUDING THIS APPLICATION, THE PLAN AND ALL APPROVAL LETTERS

2 copies submitted (check off). Keep copies of all documentation sent to the Wood County Health Department.

The owner is required to sign this application.

PART VII SIGNATURE – Applicant	Date Signed
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PART VIII SUBMIT PLANS TO:

WOOD COUNTY HEALTH DEPARTMENT
 ENVIRONMENTAL HEALTH
 184 2nd ST N
 WISCONSIN RAPIDS WI 54494

PH 715-421-8911

WCHD EH OFFICE USE ONLY

Date Approved: _____

Official's signature: _____