

SPECIAL EVENT CAMPGROUND APPLICATION
Chapter HSS178.16, Campgrounds

**This application must be submitted to the Eau Claire City/County Health Department
 at least 30 days prior to the event**

1. **Name of Event:** _____
2. **Location of Campground:** _____
3. **Date of Camping:** _____ **Duration of event:** ____ days
4. **Name of Campground Licensee** _____ **(Phone)** _____
5. **Mailing Address of Licensee:**

 (Street/P.O.Box) (City) (State) (Zip Code)

Email: _____

6. **Number of campsites provided:** _____
Estimated number of campers: (number of campsites x 6) _____

7. **Number of toilets to be provided:**

	Required Water Closets 1 per 125 -Males	Required Water Closets 1 per 65 - Females	Required Lavatories 1 per 200
Total Number of Portable Toilets	# for males	# for females	# of lavatories
Total Number of Flush Toilets	# for males	# for females	# of hand wash sinks

8. **Name of licensed disposer servicing portable toilets:** _____
9. **Water supply source:** ____Municipal ____Well on site ____Tankers from off-site
Name of off-site tanker source _____

10. **Name/address of garbage removal service:**

 (Name) (Street/P.O.Box) (City) (State) (Zip Code)

11. **License Fee (check one):**
 ____\$258 (1-25 sites)____\$336(26-50 sites)____ \$427 (51-100 sites)____\$465 (over 100 sites)

12. Attach or provide a site drawing using the following symbols:

- Water Wells Toilet Facilities * Water Supply Outlets Garbage Containers

Plan submittal checklist:

The plan is to include the following features. Check all features included on the plan, for any features not included check “N/A”, Do not leave blank.

<u>Features</u>	<u>N/A</u>	<u>Features</u>	<u>N/A</u>
<input type="checkbox"/> Campsites	<input type="checkbox"/>	<input type="checkbox"/> Site setbacks from street	<input type="checkbox"/>
<input type="checkbox"/> Toilets and Urinals	<input type="checkbox"/>	<input type="checkbox"/> Water outlets and cross connection controls	<input type="checkbox"/>
<input type="checkbox"/> Hand Washing Facilities	<input type="checkbox"/>	<input type="checkbox"/> Wastewater collection methods and disposal	<input type="checkbox"/>
<input type="checkbox"/> Shower Facilities	<input type="checkbox"/>	<input type="checkbox"/> Garbage/Refuse containers	<input type="checkbox"/>
<input type="checkbox"/> Designated parking areas	<input type="checkbox"/>	<input type="checkbox"/> Permanent buildings	<input type="checkbox"/>
<input type="checkbox"/> Power: check one		<input type="checkbox"/> Free bottled water provided	<input type="checkbox"/>
<input type="checkbox"/> Electricity provided	<input type="checkbox"/>		
<input type="checkbox"/> Gas generators	<input type="checkbox"/>		

Plan Requirements

Chapter DHS 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.

Signature of Applicant _____

(Name)

(Title)

Attach a site drawing or provide one here:

