

SPECIAL EVENT CAMPGROUND APPLICATION
Chapter ATCP 79 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 people camping: (number of campsites x 6) _____
7. Number of toilets to be provided:

Required Water Closets	Required Water Closets	Required Lavatories
1 per 125 -Males	1 per 65 - Females	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):
 ___\$310 (1-25 sites)___\$403 (26-50 sites)___ \$512 (51-100 sites)___\$557 (101-199 sites) ___\$564 (200+ 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.

Features	N/A	Features	N/A
<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"/>		

Signature of Applicant _____

(Name)

(Title)

Attach a site drawing or provide one here: