

CAMPGROUND PLAN APPROVAL APPLICATION

(Reference Chapter HFS 178)

COMPLETE ALL SECTIONS, sections not applicable indicate with "N/A"

Owner(s) Name(s) _____ Phone # _____ Former Owner/Camp Name _____

Address _____ City _____ State _____ Zip _____

Campground Name _____ Address _____ County _____ Permit I.D. # _____

City _____ Zip Code _____ Area Code and Telephone Number _____

CHECK APPROPRIATE BOX: New Campground Modification/Additions to Licensed Campground

Describe modifications/additions briefly _____

WATER SUPPLY: Municipal Private Well **SEWAGE:** Municipal Private

CAMPSITES:	Existing (currently licensed)	New (new camp or additions)
Total Number of Campsites	_____	_____
Total Sites with Sewer and Water Connections	_____	_____
Total Sites with Water Connection Only	_____	_____
Total Sites with Sewer Connection Only	_____	_____
Total Sites with no Water or Sewer Connection	_____	_____
Total Sites Designated for Independent Camping Units Only (see description below)	_____	_____
Total Sites Designated for Dependent Camping Units (see description below)	_____	_____

“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 in 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.

TOILET FACILITIES: **FEMALE** Flush stools: _____ Vault Stools: _____
MALE Flush stools: _____ Vault Stools: _____ Flush Urinals: _____ Vault Urinals: _____
MALE Lavatories: _____ Showers: _____ **FEMALE** Lavatories: _____ Showers: _____

SANITARY DUMPING STATION: YES NO (If no, a written waiver request is to be submitted to the department for approval, contact the department for details)

COMPLETE REVERSE SIDE

Revised from DHFS 2/2006

Ch. 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 which involves any provision of this chapter may be made unless the change is approved and dated by the department.

NOTE: Operators should consult with the department of commerce as well as local building and zoning authorities before commencing construction or modification.

PLAN DRAWN TO SCALE: Indicate scale on plan

PLAN SUBMITTAL CHECKLIST: The plan is to include the following features. Check off features included on the plan. Any features not applicable indicate with "N/A". **DO NOT LEAVE BLANK.**

- | | |
|---|---------------------------------|
| _____ Designated campsites | _____ Sewage disposal field |
| _____ Distance between sites | _____ Sewage system piping |
| _____ Site setbacks from streets | _____ Toilet Facilities |
| _____ Street with dimensions | _____ Shower facilities |
| _____ Designated parking areas | _____ Sanitary Dumping Station |
| _____ Highways | _____ Garbage/refuse containers |
| _____ Permanent buildings/structures | _____ Fire extinguishers |
| _____ Well | _____ Surface water |
| _____ Potable water piping | _____ Slope and runoff areas |
| _____ Water outlets w/backflow prevention devices | _____ Scale indicated on plan |

ADDITIONAL SUBMITTAL REQUIREMENTS: The following documentation is required to be submitted along with the plan and application. Check off indicating information is included.

- _____ Documented proof of Department of Commerce approval for water distribution and sewage systems
- _____ A copy of the last laboratory result for potable water supply (sampled for bacteria and nitrates)
- _____ Name and Address of Wisconsin Registered well driller and pump installer (provide below)

Name _____ Address _____

SUBMIT 3 COPIES OF THE PLAN (in triplicate) 3 copies submitted (check off)

SIGNATURE REQUIREMENTS: The owner as indicated on reverse side is required to sign the application.

SIGNATURE: _____ DATE: _____

SUBMIT PLANS TO: TAYLOR COUNTY HEALTH DEPARTMENT
224 S SECOND STREET – COURTHOUSE
MEDFORD, WI 54451
PHONE: 715-748-1410