

CAMPGROUND PLAN APPROVAL APPLICATION
(Reference Chapter HFS 178, Wisconsin Administrative Code)

COMPLETE ALL SECTIONS (Sections not applicable indicate with "N/A")

Owner(s) Name(s) **Telephone No.** **Former Owner/Camp Name**

Mailing Address **City** **State** **Zip Code**

Name of Campground **Address:** **County** **Permit I.D. No.**

City **Zip Code** **Area Code and Telephone Number**

Check Appropriate Box: New Campground Modification/Additions to Licensed Campground
Describe Modification/Additions Briefly:

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

CAMPSITES:

	Existing (Currently licensed)	New (New site(s)/additions)
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Total Number of Campsites _____

Total Sites with Water and Sewer Connections _____

Total Sites with Water Connection Only _____

Total Sites with Sewer Connection Only _____

Total Sites Designated of Independent
Camping units (see definition below) _____

Total Sites Designated for Dependent
Camping Units (see definition 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 is an integral part of the unit or to a sewage disposal system.

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

TOILET FACILITIES:

FEMALE: Flush Stools: ____ Vault Stools: ____ Showers: ____

MALE: Flush Stools: ____ Vault Stools: ____ Flush Urinals: ____ Vault Urinals: ____ Showers: ____

SANITARY DUMPING STATION: Yes No If no, a written waiver request is to be submitted to the Department (WHAT DEPARTMENT?) for approval, contact the Department for details)

COMPLETE REVERSE SIDE

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 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 the features included on the plan. Any features not applicable indicate with "N/A". **Do not leave blank.**

- | | |
|-------------------------------------|-----------------------------------|
| _____ Designated campsites | _____ Sewage disposal field |
| _____ Distance between campsites | _____ Toilets |
| _____ Site setbacks from street | _____ Shower facilities |
| _____ Streets/roadways/highways | _____ Sanitary dumping station(s) |
| _____ Designated parking areas | _____ Garbage/refuse containers |
| _____ Permanent building/structures | _____ Fire extinguishers |
| _____ Well | _____ Water outlets |
| _____ Potable water piping | _____ 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 from the Department of Commerce for the 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.

Name: _____ Address: _____

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

The owner is required to sign the application

SIGNATURE- Establishment Owner / Operator

Date Signed

SUBMIT PLANS TO: Trempealeau County Health Department
Environmental Health
PO Box 67
Whitehall, WI 54773