

## CAMPGROUND PLAN APPROVAL APPLICATION

Complete all sections. For sections not applicable, indicate with "N/A". **Type or Print Only.**

**Application is for:**  New Campground  Modification / Additions (briefly describe):

CAMPGROUND NAME:		PHONE:	EMAIL:	
CAMPGROUND ADDRESS:		CITY:	STATE:	ZIP:
LEGAL LICENSEE NAME: (Sole proprietor, partnership, LLC, LLP, or Inc.)			PHONE:	
LICENSEE ADDRESS:		CITY:	STATE:	ZIP:
NAME OF AGENT FOR THE COOPERATION/ OPERATOR (if applicable):			INTENDED DATE OF OPENING:	
PREVIOUS BUSINESS NAME:			PREVIOUS OPERATOR NAME:	

**Please check all boxes that apply, and enter the number of systems that are existing or will be new:**

WATER SUPPLY	Existing:	<input type="checkbox"/> Municipal	Private Well (s)	New:	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private Well (s)
WASTEWATER SYSTEM	Existing:	<input type="checkbox"/> Municipal	Private Sewer/POWTS*	New:	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private Sewer/POWTS*
SANITARY DUMP STATION	Existing:	<input type="checkbox"/> Municipal	Private Sewer/POWTS*	New:	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private Sewer/POWTS*

ATCP 79, 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 (Tents, RV's, Camp Cabins, etc.) and toilet numbers:**

CAMPSITE INFORMATION	Example	Existing (Currently licensed) TOTAL SITES & NUMBERS	New New site(s) TOTAL SITES & NUMBERS
Sites and Provisions* (all sites not designated will be used to calculate toilet fixture needs)			
List types of camping units for campsites (tents, RVs, etc.) by site numbers (provide a range when appropriate)	Tents: 1-10, 21-29 RV's: 11-20, 30-40 Camping Cabins: 41-46		
Total number of campsites	46		
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		



HEALTH DEPARTMENT

Bayfield County Health Department  
 P.O Box 403  
 Washburn, WI 54891  
 Phone: (715) 373-6109

Total sites and site numbers with sewer connection only	10/11-20		
Total sites and site numbers without water or sewer connections	10/1-10		
Identify by site numbers the total sites designated for Independent camping units (see definition below) (Identify by "I" on Plan Drawing)	21/30-40, 11-20		
Identify by site numbers the total sites designated for Dependent camping units (see definition below) (Identify by "D" on Plan Drawing)	25/1-10, 21-29,41-46		
Identify by site numbers the total number of sites designated for use by both "I" and "D" camping units (Identify by "B" on Plan Drawing)			

“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

TOILET FACILITIES (Number of units)	Site No. used: (a)-(b)	Existing	New
Female: Flush toilets			
Privies (vault or pit)			
Showers			
Hand sinks			
Male: Flush toilets			
Flush urinals			
Vat urinals			
Privies (vault or pit)			
Portable toilets			
Showers			
Hand sinks			

## PLAN REQUIREMENTS

Section ATCP 79.04 Plan Approval. (a) An operator shall obtain plan approval from the department or its agent before any one of the following occurs: 1. The operator begins construction of a campground. 2. The operator modifies or increases the number or type of any campground attribute that was subject to a previous plan review by the department or its agent. (b) An operator – provided camping unit that meets § ATCP 79.13 (3) or that has been approved by the department or its agent under sub. (2) and § ATCP 79.13 (3), may be placed or relocated on any approved campsite.

**NOTE:** Operators must consult with the Department of Safety and Professional Services (DSPS) - as well as local building and zoning authorities before commencing construction or modification.

**PLAN DRAWN TO SCALE:** Indicate scale 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.

**If features(s) are included on plan check “Yes” box below. Any features not applicable to your plan check the “N/A” box. DO NOT LEAVE BLANK.**

<input type="checkbox"/> Yes <input type="checkbox"/> N/A Layout of & designated campsites - number and label independent, dependent or both	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Shower/Toilet Buildings	<input type="checkbox"/> Yes <input type="checkbox"/> N/A On-Site Food Service / Retail Food Store
<input type="checkbox"/> Yes <input type="checkbox"/> N/A Camping Cabins / Yurts / Tepees	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Sanitary Dump Station(s)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Activities Area(s)
<input type="checkbox"/> Yes <input type="checkbox"/> N/A Park Models	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Sewage Disposal System Locations - (drain- field and holding tanks)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Office Building
<input type="checkbox"/> Yes <input type="checkbox"/> N/A Mobile Homes	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Central Garbage Collection Site	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Designated Parking Areas
<input type="checkbox"/> Yes <input type="checkbox"/> N/A Rentals to Public : RV’s, Cottages	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Garbage / Refuse Containers	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Petting Zoo / Animal Area / Manure deposition
<input type="checkbox"/> Yes <input type="checkbox"/> N/A Permanent Buildings or Structures	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Garbage / Refuse Incineration Location	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Drawing Scale (25 feet) or Dimensions
<input type="checkbox"/> Yes <input type="checkbox"/> N/A Potable Well(s) and Designated Potable Water Outlets	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Fire Extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Number of acres used for campsites



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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A   Toilets / Privies	<input type="checkbox"/> Yes <input type="checkbox"/> N/A   Pools / Whirlpools / Lake /River /Beach / Swim ponds	<input type="checkbox"/> Yes <input type="checkbox"/> N/A   Streets / Roadways / Highways
<input type="checkbox"/> Yes <input type="checkbox"/> N/A   Portable Toilets	<input type="checkbox"/> Yes <input type="checkbox"/> N/A   Water Slides	<input type="checkbox"/> Yes <input type="checkbox"/> N/A   Playground Equipment

**ADDITIONAL SUBMITTAL REQUIREMENTS:** Submittal to, review and approval by the Wisconsin Department of Safety and Professional Services, in most instances, is required for plans for the construction of public buildings, water, plumbing and wastewater treatment systems servicing campgrounds. Bayfield County Health Department and the Wisconsin Department of Agriculture, Trade and Consumer Protection requires proof of approval for these systems/construction in campgrounds. Submit copies of all DSPS approval letters with the plan and this application. Check off indicating the documentation is included. Indicate N/A if not applicable.

Department of Safety and Professional Services-Safety and Buildings Division PLAN APPROVAL LETTERS for:

a) Water Distribution System  
 b) Plumbing  
 c) Wastewater Treatment Systems  
 d) Wastewater Transfer Containers

Note: A Wisconsin licensed plumber must complete all plumbing.

A copy of the most recent laboratory results for potable water supply (sampled for coliform and nitrates).

**SIGNATURE**

APPLICANT SIGNATURE- REQUIRED	DATE
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*Personal information you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. § 15.04(1)(m)*

**SUBMIT THIS APPLICATION AND COPIES OF ALL PLANS AND SUPPORTING DOCUMENTS TO:**

Bayfield County Health Department  
 P.O Box 403  
 Washburn, WI 54891  
 Phone: (715) 373-6109

**Office Use Only**

SIGNATURE- Official: \_\_\_\_\_ Date Approved: \_\_\_\_\_