



Clark County Health Department (CCHD)  
 517 Court Street, Room 105  
 Neillsville, WI 54456  
 Phone: (715) 743-5112 Fax: (715) 743-5115

Founded in 1853

## 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		COUNTY	PHONE:	
CAMPGROUND ADDRESS STREET		CITY	STATE	ZIP
LEGAL LICENSEE NAME (Name of sole proprietor, partnership, LLC, LLP, or Inc.)		EMAIL ADDRESS		PHONE:
LICENSEE ADDRESS STREET		CITY	STATE	ZIP
NAME OF AGENT FOR THE CORPORATION / OPERATOR (if applicable)			INTENDED DATE OF OPENING FOR BUSINESS	
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:**

<b>WATER SUPPLY</b>	<b>Existing:</b>	<input type="checkbox"/> Municipal <input type="checkbox"/> Private Well(s)	<b>New:</b>	<input type="checkbox"/> Municipal <input type="checkbox"/> Private Well(s)
<b>WASTEWATER SYSTEM</b>	<b>Existing:</b>	<input type="checkbox"/> Municipal <input type="checkbox"/> Private Sewer/POWTS*	<b>New:</b>	<input type="checkbox"/> Municipal <input type="checkbox"/> Private Sewer/POWTS*
<b>SANITARY DUMP STATION</b>	<b>Existing:</b>	<input type="checkbox"/> Municipal <input type="checkbox"/> Private Sewer/POWTS*	<b>New:</b>	<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, RVs, 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 range where appropriate)	<b>Tents: 1-10, 11-20, 21-29 RV's: 30-40</b>		
Total number of campsites	<b>40</b>		
Total sites and site numbers with water and sewer connections	<b>11/30-40</b>		
Total sites and site numbers with water connection only	<b>9/21-29</b>		
Total sites and site numbers with sewer connection only	<b>10/11-20</b>		
Total sites and site numbers without sewer or water	<b>10/1-10</b>		
Identify by site numbers the total sites <u>designated</u> for <b>Independent camping units</b> (see definition below) (Identify by "I" on Plan Drawing)	<b>11-20 21/30-40,</b>		
Identify by site numbers the total sites <u>designated</u> for <b>dependent camping units</b> (see definition below) (Identify by "D" on Plan Drawing)	<b>1-10, 21-29</b>		
Identify by site numbers the total number of sites designated for use by <b>both "I" and "D" camping units.</b> (Identify by "B" on Plan Drawing)			
<b>TOILET FACILITIES (Number of units)</b>	<b>Site No. used: (a)-(b)</b>	<b>Existing</b>	<b>New</b>
<b>Female:</b> Flush toilets	<b>2</b>		
Privies (vault or pit)	<b>1</b>		
Showers	<b>2</b>		
Hand sinks	<b>2</b>		
<b>Male:</b> Flush toilets	<b>1</b>		
Flush urinals	<b>1</b>		
Vault urinals	<b>0</b>		
Privies (vault or pit)	<b>1</b>		
Showers	<b>2</b>		
Hand sinks	<b>2</b>		

**"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.

## 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 feature(s) are included on plan check the "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 <b>independent, dependent or both.</b>	<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
<input 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. The CCHD 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

*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:**

**Clark County Health Department  
517 Court Street, Room 105  
Neillsville, WI 54456**

### Office Use Only

SIGNATURE – Official: \_\_\_\_\_ Date Approved: \_\_\_\_\_