



Campground Plan Approval Application
(Reference Chapter DHS 178)

Complete all sections, sections "not applicable" indicate with "NA"

Owner(s) Name(s)		Phone # (include area code)		Former Owner/Campground Name		
Address		City		State	Zip Code	
Campground Name	Address		City	State	Zip Code	
Phone Number (include area code)			Permit I.D. #			
Check appropriate Box: <input type="checkbox"/> New Campground <input type="checkbox"/> Modification/Additions to existing Licensed Campground Describe Modification/Additions: _____						
Water Supply: <input type="checkbox"/> Municipal <input type="checkbox"/> Private Well			Sewage: <input type="checkbox"/> Municipal <input type="checkbox"/> Private (Septic)			
CAMPSITES:		Existing (currently licensed)		New (new or additions)		
Total Number of Campsites		_____		_____		
Total Sites with Sewer & Water Connections		_____		_____		
Total Sites with only Water Connections		_____		_____		
Total Sites with only Sewer Connections		_____		_____		
Total Sites with no Water or Sewer Connections		_____		_____		
Total Sites Designated for Independent Camping Units Only (see definition below)		_____		_____		
Total Site Designated for Dependent Camping Units Only (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 a toilet and which therefore depends on campground toilets						
TOILET FACILITIES	Flush Stools	Vault Stools	Flush Urinals	Vault Urinals	Lavatories	Showers
Designated for Females	_____	_____	_____	_____	_____	_____
Designated for Males	_____	_____	_____	_____	_____	_____
SANITARY DUMPING STATION: <input type="checkbox"/> Yes <input type="checkbox"/> NO If no, submit waiver request or copy of waiver letter.						

Complete the reverse side

PLAN REQUIREMENTS:

Ch. DHS 178.04 Plan Approval. The operator shall submit plans and specifications for a new or expanded campground to the Chippewa County Department of Public Health 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 Chippewa County Department of Public Health.

Note: Prior to commencing construction or modification operators should consult with the Department of Commerce and local building and zoning authorities for regulations and requirements on the Americans with Disabilities Act, Electrical Codes, Floodplain Evacuation Plans, solid waste issues and traffic flow.

Plan Drawn to Scale: Indicate scale on plan				
Plan Submittal Check List: (The plan is to include the following features. Check all features included on the plan. Any feature "not applicable" indicate with "NA", do not leave blank.)				
_____ Designated Campsites	_____ Sewage disposal field			
_____ Distance between sites	_____ Sewage system piping			
_____ Site setbacks from streets	_____ Toilet Facilities			
_____ Street Dimensions	_____ Shower Facilities			
_____ Designated parking areas	_____ Sanitary Dumping Station			
_____ Highways	_____ Garbage/Refuse containers			
_____ Permanent building/structures	_____ Fire Extinguisher			
_____ 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. Mark boxes indicating information is included.				
<input type="checkbox"/> Documented proof of Department of Commerce approval for water distribution and sewage systems				
<input type="checkbox"/> A copy of the last laboratory result for potable water supply (sampled for bacteria and nitrates)				
<input type="checkbox"/> Name and address of Wisconsin Registered well driller and pump installer (provide below)				
_____	_____	_____	_____	_____
Name of Well Driller/Pump Installer	Address	City	State	Zip
Signature requirements: The owner as indicated on reverse side is required to sign the application				
_____	_____/_____/_____			
Signature of owner	Date			
Submit plans to:	Chippewa County Department of Public Health 711 N Bridge Street Chippewa Falls WI 54729 715-726-7900 FAX 715-726-7910			