



## Chippewa County Department of Public Health

711 N Bridge Street Room 121  
Chippewa Falls, WI 54729  
715-726-7900 or 800-400-3678

### SPECIAL EVENT CAMPGROUND APPLICATION

**Before completing this application, read Temporary Campground Guidelines.**

**Have you read this material?**    Yes    No

- 1) Name of the Event: \_\_\_\_\_
- 2) Address of the Event: \_\_\_\_\_
- 3) Name and phone number of organizer of the event: \_\_\_\_\_
- 4) Date(s) of Campground Operation: \_\_\_\_\_
- 5) Name of Legal Licensee and Personal Contact: \_\_\_\_\_
- 6) Mailing Address of the Legal Licensee: \_\_\_\_\_
- 7) Estimated number of people camping: \_\_\_\_\_
- 8) Area of land for the intended use of the campground: \_\_\_\_\_

Assuming a maximum of 50 sites per acre: Acres x 50 = # of sites; # of sites x 6 = # of people.

Total No. of Sites: \_\_\_\_\_ No. of Sites: Dependent \_\_\_\_\_ Independent \_\_\_\_\_

9) Wastewater: Number of toilets to be provided: (See Table B before completing Table A)

**Table A**

|                          |                |                  |                  |
|--------------------------|----------------|------------------|------------------|
| Vault toilets (private): | Females      # | Males          # | Urinals        # |
| Portable toilets:        | Females      # | Males          # | Urinals        # |
| Flush toilets:           | Females      # | Males          # | Urinals        # |

**Table B**

| Number of patrons (OF EACH SEX) | Required Water Closets (WC) (Toilets) MALES (M)  | Required Water Closets (WC) (Toilets) FEMALES (F) | Required Urinals (U)                            |
|---------------------------------|--|---|---|
| 1-100                           | 1  | 1   | 0   |
| 101-200                         | 1  | 2   | 1   |
| 201-250                         | 1  | 3   | 2   |
| 251-300                         | 1  | 4   | 2   |
| 301-350                         | 2  | 5   | 2   |
| 351-400                         | 2  | 6   | 2   |
| 401-450                         | 2  | 7   | 3   |
| 451-500                         | 2  | 8   | 3   |
| 501-600                         | 2  | 9   | 4   |
| Over 600                        | One (WC) for each additional 600 (M) or fraction | One for each additional 275 (F) or fraction       | One (U) for each additional 500 (M) or fraction |

Licensed disposer servicing the portable toilets or independent units:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_ Phone No. \_\_\_\_\_  
 \_\_\_\_\_

10) Potable Water: Source: Municipal: \_\_\_\_\_  
 Name of Village/City/Town: \_\_\_\_\_ Private well: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Bacteria Analysis performed on well water, written results provided with this application.**

Water Distribution Method: \_\_\_\_\_ (over)

11) Solid Waste/Garbage Removal Service: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

12) Fees: Based on SITES check the appropriate box and pay the applicable fee. (Make check payable to the Chippewa County Department of Public Health)

|                             |                              |                               |                                |  |
|-----------------------------|------------------------------|-------------------------------|--------------------------------|--|
| (64) 1-25 Sites<br>\$175.00 | (65) 26-50 Sites<br>\$250.00 | (66) 51-100 Sites<br>\$305.00 | (67) 100-199 Sites<br>\$355.00 | <input type="checkbox"/> > 200 sites<br>\$410.00 |
|-----------------------------|------------------------------|-------------------------------|--------------------------------|--|

13) PROVIDE A SCALED SITE DRAWING OF YOUR INTENDED CAMPGROUND:

In the area below (attach additional pages if needed) show the total area designated for campsites (Square feet or acres) and use the following symbols for their scaled locations:

X-Water Well(s) T-Toilet Facilities D-Dependent Units \*-Water Supply Outlets O-Solid Waste Containers I-Independent Units

14) I certify that I am familiar with WI Adm. Code Chapter HFS 178 Campgrounds and the described establishment will be operated and maintained in accordance with all applicable regulations.

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**Applicant's Printed Name** **Applicant's Signature** **Date**

**Scaled Site Drawing (use additional pages if needed):**

|                            |                   |                             |
|----------------------------|-------------------|-----------------------------|
| <b>FOR OFFICE USE ONLY</b> |                   |                             |
| <b>Amount Paid:</b> _____  | <b>Date</b> _____ | <b>Permit Issued:</b> _____ |