

Chippewa County Department of Public Health

CHIPPEWA COUNTY

Fe. 1869



711 N. Bridge Street, Room 121, Chippewa Falls, WI 54729

P: 715.726.7900 / 1.800.400.3678 / F: 715.726.7910

www.co.chippewa.wi.us/ccdp



CHIPPEWA COUNTY

Public Health

LICENSE APPLICATION –CAMPGROUND

This application must be submitted to the Department 30 days before the opening date. Incomplete information may delay processing your application. **Please Type or Print Only**

APPLICATION IS FOR: <input type="checkbox"/> New campground <input type="checkbox"/> New Owner <input type="checkbox"/> Modification/Additions, briefly describe:			
ESTABLISHMENT/DBA INFORMATION:			
ESTABLISHMENT NAME:		COUNTY:	
CAMPGROUND STREET ADDRESS:		CITY:	STATE: ZIP:
EMAIL ADDRESS:			ESTABLISHMENT PHONE: () -
INTENDED OPENNING DATE:		PREVIOUS BUSINESS NAME AND OPERATOR:	
LEGAL ENTITY INFORMATION: CHECK ONE			
LEGAL ENTITY (such as name of sole proprietor, partnership, LLC, LLP, or Inc.):		COUNTY:	
LEGAL ENTITY MAILING ADDRESS:		CITY:	STATE: ZIP:
EMAIL ADDRESS:			LEGAL ENTITY PHONE: () -
CONTACT INFORMATION:			
CONTACT PERSON:	TITLE:	PHONE: () -	EMAIL ADDRESS:
WATER SUPPLY: CHECK ONE			
<input type="checkbox"/> Municipal	<input type="checkbox"/> Private Well	<input type="checkbox"/> Private Well, Public Health collect water sample (\$25 bacteria, \$30 Nitrate)	
*Submit coliform bacteria analysis preformed on private well(s) with application, if not collected by Chippewa County Public Health			
WASTEWATER:	* ATCP 79, Wisconsin Administrative Code, reference for petition of waiver requirements for Sanitary Dump Station * Private Onsite Wastewater Treatment System		
WASTEWATER SYSTEM SANITARY DUMP STATION	Existing:	<input type="checkbox"/> Municipal <input type="checkbox"/> Private Sewer/POWTS*	New: <input type="checkbox"/> Municipal <input type="checkbox"/> Private Sewer/POWTS*
	Existing:	<input type="checkbox"/> Municipal <input type="checkbox"/> Private Sewer/POWTS*	New: <input type="checkbox"/> Municipal <input type="checkbox"/> Private Sewer/POWTS*
CAMPING UNITS AND NUMBER OF SITE:			
Will campers/tents without an onboard toilet be allowed nightly or seasonally: <input type="checkbox"/> yes <input type="checkbox"/> No <input type="checkbox"/> unsure			
CAMPSITE INFORMATION		Existing (Currently licensed)	New (New sites)
Total number of campsites			<p>“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.</p> <p>“Dependent camping unit” means a camping unit without a toilet and which therefore depends on campground toilets.</p>
Total number with water and sewer connections			
Total number with water connection only			
Total number with sewer connection only			
Total number without sewer or water			

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TOILET FACILITIES (Number of units)

Flush Toilets		Privies (Vault or Pit)/Portable Toilets			Urinals		Showers		Hand Sinks	
M	F	M	F	Unisex	M	F	M	F	M	F

ATCP 79.16: Minimum Toilet Requirements

Number of Dependent Units	Toilets/Urinals	
	Women	Men
1-15	2	2
16-30	3	3
31-45	4	4
46-60	5	5
61-100	6	6

(e) *Minimum number of toilets: independent campsites.* 1. Except as provided in subd. 2., the operator shall provide a backup toilet for each sex for every 100 independent campsites or fraction thereof. The toilets shall be available at all times that the campground is occupied. 2. Backup toilets are not required where campsites are designed for and limited exclusively to use by independent camping units, and the camping units are connected to the campground's POWTS or a municipal waste treatment system. (f) *Unisex toilets.* The operator may use unisex toilets if the total number of required toilets for both male and female is the same or higher than specified in Table ATCP 79.16.

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 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 distances in linear feet.

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.

<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 Sewage Disposal System Locations - (drain- field and holding tanks)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Drawing Scale (25 feet) or Dimensions
<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 Office Building
<input type="checkbox"/> Yes <input type="checkbox"/> N/A Park Models	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Shower/Toilet Buildings	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Designated Parking Areas
<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 Petting Zoo / Animal Area / Manure deposition
<input type="checkbox"/> Yes <input type="checkbox"/> N/A Lodging Rentals to Public:	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Garbage / Refuse Containers	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Activities Area(s)
<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 Number of acres used for campsites
<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 On-Site Food Service / Retail Food Store	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Streets / Roadways / Highways
<input type="checkbox"/> Yes <input type="checkbox"/> N/A Toilets / Privies	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Playground Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Pools / Whirlpools
<input type="checkbox"/> Yes <input type="checkbox"/> N/A Portable Toilets	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Lake / River / Beach	<input type="checkbox"/> Yes <input type="checkbox"/> N/A Swim ponds

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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 Wisconsin Department of Agriculture, Trade and Consumer Protection requires proof of approval for these systems/construction in campgrounds. Submit copies of all DSPPS 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
- d) Pool(s) and/or Whirlpool(s)

Note: A Wisconsin licensed plumber must complete all plumbing.

FEE AMOUNTS: FEES LISTED ON SEPERATE FORM

LICENSE FEE:	TOTAL AMOUNT PAID:	CHECK #:
Permit Fee _____ + Pre-inspection Fee	= Total Amount Due	

Your signature below will acknowledge that you have received a copy of the code or information as to where to obtain a copy and will comply with all applicable Wisconsin Administrative Code(s). Personal information you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. § 15.04(1)(m)

APPLICANT SIGNATURE

SIGNATURE – APPLICANT:

DATE SIGNED:

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