



DUNN COUNTY HEALTH DEPARTMENT

3001 US HWY 12 E, SUITE 032

MENOMONIE, WI 54751

715-232-2388, FAX 715-232-1132

SPECIAL EVENT CAMPGROUND APPLICATION

This application must be submitted to the Department at least 7 days prior to the event. Send the completed application and fee, check or money order, payable to the Dunn County Health Department. Incomplete information may delay processing your application. **Type or Print Only. Complete All Sections**

Name of Event		County
Event Street Address, City, State and Zip Code		
Legal Licensee (such as name of sole proprietor or partnership, or LLC, LLP, Inc.)		
Licensee Street Address, City, State and Zip Code		Legal Licensee Telephone ()
Date and Duration of the Event	Total Number of Campsites	
Estimated number of campers (Number of campsites x 6)	Area of land for the intended use of the campground	

WATER SUPPLY

<input type="checkbox"/> Municipal	Name of Village/City/Town
<input type="checkbox"/> Private well	Street Address, City, State and Zip Code

Please submit bacteria and nitrate analysis performed on well with this application.

WASTEWATER: Number of toilets to be provided: (see table below)

Required water closets - males	Required water closets – females	Required lavatories
1 per 125	1 per 65	1 per 200

Portable toilets	Number of males	Number of females	Number of lavatories
Flush toilets	Number of males	Number of females	Number of hand wash sinks

Check appropriate category

- | | |
|---|----------------|
| <input type="checkbox"/> \$182.50 = \$165.00 + \$17.50 State fee | 1 - 25 sites |
| <input type="checkbox"/> \$245.00 = \$220.00 + \$25.00 State fee | 26 - 50 sites |
| <input type="checkbox"/> \$289.00 = \$258.50 + \$30.50 State fee | 51-100 sites |
| <input type="checkbox"/> \$321.50 = \$286.00 + \$35.50 State fee | 101-199 sites |
| <input type="checkbox"/> \$371.00 = \$330.00 + \$41.00 State fee | Over 200 sites |

Submit plans and check to the following address:

Dunn County Health Department
3001 US Hwy 12 E, Suite 032
Menomonie, WI 54751

I certify that I am familiar with Wisconsin Administrative Code, Chapter DHS 178, Campgrounds, and the above-described establishment will be operated and maintained in accordance with all applicable regulations.

SIGNATURE – Applicant	Date Signed
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PLAN REQUIREMENTS

Chapter DFS 178.04 Plan Approval. The operator shall submit plans and specifications for a new or expanded campground to the Department for examination and approval before beginning construction or modification. No change in plans or specifications that involves any provision of this chapter may be made unless the change is approved and dated by the Department.

NOTE: Operators should consult with the Department of Safety and Professional Services as well as local building and zoning authorities before commencing.

Plan drawn to scale: Indicate scale on plan

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"/> Campsites	<input type="checkbox"/> Site setbacks from street
<input type="checkbox"/> Toilets and urinals	<input type="checkbox"/> Water outlets and cross connection controls
<input type="checkbox"/> Handwashing facilities	<input type="checkbox"/> Garbage/refuse containers
<input type="checkbox"/> Shower facilities (if applicable)	<input type="checkbox"/> Permanent buildings (if applicable)
<input type="checkbox"/> Designated parking areas	