

SPECIAL EVENT CAMPGROUND APPLICATION
Chapter ATCP 79 Campgrounds

**This application must be submitted to the Eau Claire City/County Health Department
 at least 30 days prior to the event**

1. **Name of Event:** _____
2. **Location of Campground:** _____
3. **Date of Camping:** _____ **Duration of event:** ____ days
4. **Name of Campground Licensee** _____ **(Phone)** _____
5. **Mailing Address of Licensee:**

(Street/P.O.Box) (City) (State) (Zip Code)

Email: _____

6. **Number of campsites provided:** _____
Estimated number of campers: (number of campsites x 6) _____

7. **Number of toilets to be provided:**

	Required Water Closets 1 per 125 -Males	Required Water Closets 1 per 65 - Females	Required Lavatories 1 per 200
Total Number of Portable Toilets	# for males	# for females	# of lavatories
Total Number of Flush Toilets	# for males	# for females	# of hand wash sinks

8. **Name of licensed disposer servicing portable toilets:** _____
9. **Water supply source:** ____Municipal ____Well on site ____Tankers from off-site
Name of off-site tanker source _____

10. **Name/address of garbage removal service:**

(Name) (Street/P.O.Box) (City) (State) (Zip Code)

11. **License Fee (check one):**
 ___\$303 (1-25 sites) ___\$395 (26-50 sites) ___ \$501 (51-100 sites) ___\$546 (101-199 sites) ___\$552 (200+ sites)

12. Attach or provide a site drawing using the following symbols:

- Water Wells Toilet Facilities * Water Supply Outlets Garbage Containers

Plan submittal checklist:

The plan is to include the following features. Check all features included on the plan, for any features not included check “N/A”, Do not leave blank.

Features	N/A	Features	N/A
<input type="checkbox"/> Campsites	<input type="checkbox"/>	<input type="checkbox"/> Site setbacks from street	<input type="checkbox"/>
<input type="checkbox"/> Toilets and Urinals	<input type="checkbox"/>	<input type="checkbox"/> Water outlets and cross connection controls	<input type="checkbox"/>
<input type="checkbox"/> Hand Washing Facilities	<input type="checkbox"/>	<input type="checkbox"/> Wastewater collection methods and disposal	<input type="checkbox"/>
<input type="checkbox"/> Shower Facilities	<input type="checkbox"/>	<input type="checkbox"/> Garbage/Refuse containers	<input type="checkbox"/>
<input type="checkbox"/> Designated parking areas	<input type="checkbox"/>	<input type="checkbox"/> Permanent buildings	<input type="checkbox"/>
<input type="checkbox"/> Power: check one		<input type="checkbox"/> Free bottled water provided	<input type="checkbox"/>
<input type="checkbox"/> Electricity provided	<input type="checkbox"/>		
<input type="checkbox"/> Gas generators	<input type="checkbox"/>		

Signature of Applicant _____

(Name)

(Title)

Attach a site drawing or provide one here: