

Lincoln County Campground Plan Approval Application

Completion of this form is voluntary, however to receive a license you must complete the form. To receive a license send the completed application and fee(s), **check or money order, payable to the LINCOLN COUNTY HEALTH DEPARTMENT**, to the above address. Incomplete information may delay processing your application. **Type or Print Only.**

| Establishment Information | |
|--|-----------------------------------|
| Establishment Name | Establishment Email Address |
| Establishment Street Address, City, State and Zip Code | Establishment Telephone () |

| Legal Licensee Information | |
|--|------------------------------------|
| Legal Licensee (name of sole proprietor, LLC, INC. etc.) | Legal Licensee Email Address |
| Legal Licensee Street Address, City, State and Zip Code | Legal Licensee Telephone () |

| Water Supply –Please check all boxes that apply and enter the number of systems that are existing or will be new | | | | |
|--|----------|--|-----|--|
| Water Supply | Existing | <input type="checkbox"/> Municipal <input type="checkbox"/> Private Well(s) | New | <input type="checkbox"/> Municipal <input type="checkbox"/> Private Well(s) |
| Wastewater System | Existing | <input type="checkbox"/> Municipal <input type="checkbox"/> Private Well(s) | New | <input type="checkbox"/> Municipal <input type="checkbox"/> Private Well(s) |
| Sanitary Dump Station | Existing | <input type="checkbox"/> Municipal <input type="checkbox"/> Private Well(s) | New | <input type="checkbox"/> Municipal <input type="checkbox"/> Private Well(s) |

| Types of Camping Units- list types of camping units intended for campsites (Tents, RV's, etc.) and toilet numbers | | | |
|--|-----------------------------------|--|--|
| Campsite Information All sites not designated will be used to calculate toilet fixtures needed | Example | Existing Currently Licensed TOTAL AND SITE NUMBERS | New New Sites TOTAL AND SITE NUMBERS |
| List Types of camping units for campsites (tents, RV's,) by site number or range where appropriate) | Tents: 1-10, 21-29 RV's: 30-40 | | |
| Total Number of Campsites | 40 | | |
| Total sites and site number with water and sewer | 11/30-40 | | |
| Total sites and site number with water connection only | 9/21-29 | | |
| Total sites and site numbers without sewer or water | 10/1-10 | | |
| Identify by site number the total sites designated for Independent camping units (see definition below). Identify by "I" on plan drawing | 21/ 30-40,11-20 | | |
| Identify by site number the total sites designated for Dependent camping units (see definition below). Identify by "D" on plan drawing. | 19/ 1-10, 21-29 | | |
| Identify by site number the total number of sites designated for use by both "I" and "D" camping units. Identify by "B" on plan drawing. | | | |
| <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> | | | |

Over
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| Toilet Facilities | | | |
|-------------------------------------|-------------------|----------|-----|
| Toilet Facilities (Number of Units) | Site number used: | Existing | New |
| Female | | | |
| Flush Toilets | | | |
| Showers | | | |
| Hand Sinks | | | |
| Male | | | |
| Flush Toilets | | | |
| Vault Urinals | | | |
| Privies (Vault or pit) | | | |
| Showers | | | |
| Hand Sinks | | | |

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 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.

PLAN DRAWN TO SCALE: Indicate scale on plan or provide dimensional plan indicating code-required distances in linear feet.

Plan submittal checklist: The plan is to indicate the following features. Check off the features included on the plan. Any features not applicable indicate with "N/A." Do not leave blank.

| | | |
|---|--|--|
| Layout of & designated campsites. Number & label of independent, dependent or both <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Sewage Disposal System-locations of drain field and holding tanks. <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Onsite food service/retail food store <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| Camping Cabins/Yurts/Tepees <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Sanitary Dump Stations <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Activity Areas <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| Park Models <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Shower Building <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Office Building(s) <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 | Designated Parking Areas <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| Rentals to the public: RV's/Cottages <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Garbage/Refuse Containers <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Petting Zoo/Animal Area <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| Potable well(s) and designated water outlets <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Drawing scale (25 feet) or dimensions <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Permanent building(s) or structures <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| Fire Extinguishers <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Number of acres used for campsites <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Toilets/Privies <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| Pools/Whirlpools/Lake/River/Beach/Swin <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Streets/Roads/Highways <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Portable Toilets <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| Playground Equipment <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Copy of most recent laboratory results for potable water supply (bacteria and nitrate). <input type="checkbox"/> Yes <input type="checkbox"/> N/A | |

Additional Submittal Requirements: Submittal to, review and approval by the Wisconsin Department of Safety & Professional Services and/or Lincoln County Zoning Department, in most instances, is required for plans for the construction of public buildings, water, plumbing and wastewater treatment systems servicing campgrounds. The Lincoln County Health Department requires proof or approval for these systems/construction in campgrounds. Submit copies of all DSPS & Zoning approval letters with the plan and this application. Check off indicating the documentation included. Indicate N/A if not applicable.

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| <input type="checkbox"/> Land Properly Zoned for Campground Use | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Wastewater treatment system | <input type="checkbox"/> Wastewater transfer containers |
| <input type="checkbox"/> Water distribution system | NOTE: A WI Licensed plumber must complete all plumbing. |

SIGNATURE- APPLICANT

DATE SIGNED