CAMPGROUND PLAN APPROVAL APPLICATION

(See Chapter HSS 178, Campgrounds)

***Submit plans to*: St. Croix County Dept. of Health and Human Services-Public Health**
1445 North 4th Street, New Richmond, WI 54017-6004
(715) 246-8361 Fax (715)246-8367

Owner's Name:		**Telephone Number:**	
Address:	**City:**	**State:**	**Zip:**
Campground Name:			
Campground Location:			

❑ **New Campground**
❑ **Modification or Addition** ***Describe Briefly*:**_____

UTILITIES: **Water:** ❑**Private** ❑**Public** **Sewage:** ❑**Private** ❑**Public**

CAMPSITES:		**Existing**	**New**
	Total Number of Sites	_____	_____
	Number With Sewer Connections	_____	_____
	Number of Independent Sites (water & sewer connections)	_____	_____
	Number of Dependent Sites (no water or sewer connections)	_____	_____
	Acres Occupied by Campsites	_____	_____

TOILET FACILITIES (Total)

Males : **Stools** _____ **Lavatories** _____ **Showers** _____ **Urinals** _____
Females: **Stools** _____ **Lavatories** _____ **Showers** _____

Number of Vault Toilets _____ **Number of Flush Toilets** _____

SANITARY DUMPING STATION: ❑**Yes** **Number:**_____ ❑**No (Submit waiver request or copy of waiver letter)**

LOCATE THE FOLLOWING ON THE SUBMITTED DRAWING

❑**Garbage and Refuse Containers** ❑**Fire Extinguishers** ❑**Toilet Structures** ❑**Streets with Dimensions**
❑**Sanitary Dump Station(s)** ❑**Wells** ❑**Water Outlets** ❑**Water Piping**
❑**Sewage Disposal Field(s)** ❑**Sewage System** ❑**Designated Camp Sites** ❑**Distance Between Sites**
❑**Setbacks From Streets** ❑**Surface Water** ❑**Slope & Runoff Areas** ❑**Highways**
❑**Parking Areas**

SUBMIT THE FOLLOWING WITH YOUR APPLICATION

❑ **Documented proof of Department of Industry, Labor & Human Relations approval for the sewage system(s) and the water distribution system(s).**
❑ **Name of Wisconsin registered well driller and pump installer:**_____
❑ **A copy of the last laboratory analysis of the water supply.**

SIGNED:_____ **DATE:**_____