



SPECIAL EVENT CAMPGROUND PLAN APPLICATION

Note: This application must be submitted at least 14 days prior to the event. Operators should consult with the Department of Commerce as well as local building and zoning authorities for permits, restrictions and requirements before commencing.

NAME OF EVENT: _____

LOCATION: _____

(Address or legal description of property where camping will take place)

OPERATOR/LEGAL LICENSEE: _____

CONTACT PERSON: _____

 Mailing Address (Street, City, Zip Code) Phone Number

Date and duration of the Special Event (May not exceed 7 consecutive nights): _____

Total Number of Campsites: _____ X 6 = _____ maximum attendees

Maximum attendees / 2 = _____ attendees each sex

- MINIMUM REQUIREMENTS:** Toilets Male 1 per 125
 Toilets Female 1 per 65
 Hand wash sinks 1 per 200 users

TOILETS PROVIDED:

Portable Toilets	Number of Male	Number of Female	Number of hand wash sinks
Flush Toilets	Number of Male	Number of Female	Number of hand wash sinks

Contact Department of Commerce for the number and kind required to meet the Americans with Disabilities Act. Consider alcohol consumption and non-camper use of toilets.

- WATER SUPPLY:** Public Name of Village/City/Town: _____
 Private well(s) Specific location(s) (address or legal): _____
 Attach report(s) of negative results of bacteria and nitrate analysis performed the last year.

Explain how water will be distributed to campers: _____

WASTEWATER DISPOSAL:

Explain plan of collection and disposal of wastewater from portable toilets and all holding tanks from RV's:

Please complete the reverse side of this page

PLAN REQUIREMENTS

MAP/DIAGRAM: The plan is to include the following features. Draw to scale. Check off the features included on the plan. Any features not applicable indicate with "N/A". **Do not leave blank.**

- | | | | |
|-------|---|-------|--|
| _____ | Numbered Campsites (10 ft between units) | _____ | Site setbacks from street |
| _____ | Toilets and urinals | _____ | Water outlets and cross connection controls |
| _____ | Hand-washing facilities | _____ | Wastewater collection methods and approved disposal means and location |
| _____ | Shower facilities (if applicable) | _____ | Garbage/refuse containers |
| _____ | Designated parking areas | _____ | Permanent buildings (if applicable) |
| _____ | Power: Check one | _____ | Drinking water available |
| _____ | <input type="checkbox"/> Electricity provided | | |
| _____ | <input type="checkbox"/> Gas generators | | |

Fees: Please make checks payable to "Rusk County Health & Human Services". Do not send cash. Please submit payment with this application.

Check appropriate fee

- | | | |
|---|---|--|
| <input type="checkbox"/> \$175.00 (1-25 sites) | <input type="checkbox"/> \$250.00 (26-50 sites) | <input type="checkbox"/> \$305.00 (51-100 sites) |
| <input type="checkbox"/> \$355.00 (101-199 sites) | <input type="checkbox"/> \$410.00 (200+ sites) | |

I certify that I am familiar with Chapter ATCP 79, Campgrounds, Wisconsin Administrative Code and the above-described event will be operated and maintained in accordance with all applicable regulations.

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

*Reference Chapter ATCP 79, Wisconsin Administrative Code.

https://docs.legis.wisconsin.gov/code/admin_code/atcp/055/79