# *Waupaca County*
# *Department of Health and Human Services*

*Health Services Division | Environmental Health Unit*
*Food Safety & Recreational Licensing Program*

## SPECIAL EVENT CAMPGROUND APPLICATION

WAUPACA COUNTY ORDINANCE 10.08
97.30, 254.61, Wis. Stats
WI ADMIN CODE HFS 178

**Before completing this application, read Temporary Campground Guidelines. Have you read this material? ☐ Yes ☐ No**

Operators Name | Operators Address | City | State | Zip Code

Name of Campground | Name of Event | Dates of Event

Campground Location

Contact(s) | Phone Number | Email

**1) NUMBER OF CAMPSITES: _____**

**2) ASSUMING A MAXIMUM OF 40 SITES PER ACRE: ACRES X 40 = # OF SITES; # OF SITES X 6 = # OF PEOPLE, PLEASE ANSWER THE FOLLOWING:**

**A)** Number of sites designated for Dependent (campers without toilets) _____
Number of sites designated for Independent (campers with toilets) _____
**Total number of sites**: _____

**B)** Estimated number of male campers _____
Estimated number of female campers _____
**Total number of people camping: _____**

**3) RESTROOM FACILITIES THAT WILL BE PROVIDED:** (please refer to the below requirements to complete the chart)

| **Toilets** | **Male** | **Female** |
|---|---|---|
| # portable toilets | | |
| # flush toilets | | |
| **Handwash sinks** | **Male** | **Female** |
| # portable handwash sinks | | |
| # plumbed handwash sinks | | |

**Toilet Requirements**
As required in HFS 178.16(3) Campground Code
**1 toilet Per 125 males**
**1 Toilet per 65 females**

**Sink requirements**
As required in Wisconsin Enrolled Commercial Building Code Chapter 29, Chart 2902.1
**1 hand wash sink per 200 people**

**OVER**

## 4) LICENSED DISPOSER SERVICING THE PORTABLE TOILETS OR INDEPENDENT UNITS:

Name:_____ Phone Number:_____

Address:_____

## 5) POTABLE WATER SOURCE: Municipal ☐ Private Well: ☐

Water Source Address:_____

**Bacteria Analysis must be performed on well water, provide written results with this application.**

(if not available to send with the application have available at the time of inspection)

**Water Distribution Method**:_____

## 6) SOLID WASTE/GARBAGE REMOVAL SERVICE:

Name:_____Phone Number:_____

Address:_____

## 7) PROVIDE A SCALED SITE DRAWING OF YOUR INTENDED CAMPGROUND:

Attach a diagram of the campsite. Show the total area designated for campsites (Square feet or acres) and use the following symbols for their scaled locations:

**X-**Water Well(s) **T**-Toilet Facilities **D**-Dependent Units **ç**-Water Supply Outlets **O**-Solid Waste Containers **I-**Independent Units

## 8) FEES:

Based on SITES check the appropriate box and pay the applicable fee.

| ☐ 1-25 sites (RT1) $187.00 | ☐ 26-50 sites (RT2) $237.00 | ☐ 51-100 sites (RT3) $282.00 | ☐101–199 sites (RT4) $322.00 | ☐ >200 sites (RT5) $357.00 |
|---|---|---|---|---|

**Make Check Payable To:**
Waupaca County DHHS

**Submit To:**
Waupaca County DHHS - FSRL
811 Harding St
Waupaca, WI 54981

Waupaca County Ordinance 10.08: 1.E.2. "LICENSE ISSUANCE: The Sanitarian shall issue a license to the applicant only after compliance with the requirements of this chapter and upon payment to the department of all required fees. The Department's decision to grant or withhold a license shall not exceed 30 calendar days. The decision to withhold shall accompany written inspection or documentation of justification or cause."

**I certify that I am familiar with the special event campground requirements, WI Adm. Code Chapter HFS 178 Campgrounds and the described establishment will be operated and maintained in accordance with all applicable regulations.**

**Applicant's Printed Name** **Applicant's Signature** **Date**

**Applicants Drivers License #**

FOR OFFICE USE ONLY
Amount Paid:_____ Date_____

Permit Issued:_____