Waupaca County
Department of Health and Human Services

Food Safety & Recreational Licensing Program

2012/2013 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:_____

811 Harding St ∗ Waupaca, WI 54981 ∗ (715) 258-6389 ∗ Fax: (715) 258-6409 ∗ jed.wohlt@co.waupaca.wi.us

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:_____