

# Campground Plan Approval Application

(Reference Wisconsin Administrative Code Chapter ATPC 79)

**Complete all sections. Sections "not applicable" indicate with "NA"**

Owner(s) Name(s)		Phone # (include area code)	Former Owner/Campground Name	
Address		City	State	Zip Code
Campground Name	Address		City	State
Phone Number (include area code)		Permit I.D.#		
<b>Check appropriate Box:</b> <input type="checkbox"/> New Campground <input type="checkbox"/> Modification/Additions to existing Licensed Campground				
Describe Modification/Additions: _____				

**Please check all that apply and enter the number of systems that are existing or new:**

<b>Water Supply</b>	Existing:	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private - # of Well(s)	New:	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private - # of Well(s)
<b>Wastewater System</b>	Existing:	<input type="checkbox"/> Municipal	<input type="checkbox"/> POWTS How many?	New:	<input type="checkbox"/> Municipal	<input type="checkbox"/> POWTS How many?
<b>Sanitary Dump Station</b>	Existing:	<input type="checkbox"/> Municipal	<input type="checkbox"/> POWTS How many?	New:	<input type="checkbox"/> Municipal	<input type="checkbox"/> POWTS How many?

See ATPC 79, Wisconsin Administrative Code, for petition for waiver requirements for Sanitary Dump Station \*Private Onsite Wastewater Treatment System

**List types of camping units intended for campsites (tents, RVs, etc.)**

Sites and Provisions* (*All sites not <u>designated</u> will be used to calculate toilet fixture needs)	Example	Existing (Currently licensed) TOTAL & SITE NUMBERS	New New Sites(s) TOTAL & SITE NUMBERS
List types of camping units for campsites (tents, RVs, etc.) by site numbers. (Provide range where appropriate.)	<b>Tents: 1-10, 21-29 RV's: 30-40 11-20</b>		
<b>(a)</b> Total number of campsites	<b>40</b>		
Total sites and site numbers with water and sewer connections	<b>11/30-40</b>		
Total sites and site numbers with water connection only	<b>9/21-29</b>		
Total sites and site numbers with sewer connection only	<b>10/11-20</b>		
Total sites and site numbers without sewer or water	<b>10/1-10</b>		
<b>(b)</b> Identify by site numbers the total sites <u>designated</u> for <b>independent camping units</b> (see definition below) (Identify by "I" on Plan Drawing)	<b>21/30-40, 11-20</b>		
<b>(c)</b> Identify by site numbers the total sites <u>designated</u> for <b>dependent camping units</b> (see definition below) (Identify by "D" on Plan Drawing)	<b>19/1-10, 21-29</b>		
<b>(d)</b> Identify by site numbers the total number of sites designated for use by <b>both "I" and "D" camping units.</b> (Identify by "B" on Plan Drawing)			

TOILET FACILITIES (Number of units)	Site No. used: (a)-(b)	Existing	New
Female Flush toilets	<b>2</b>		
Privies (vault or pit)	<b>1</b>		
Showers	<b>2</b>		
Hand sinks	<b>2</b>		
Male Flush toilets	<b>1</b>		
Flush urinals	<b>1</b>		
Vault urinals	<b>0</b>		
Privies (vault or pit)	<b>1</b>		
Showers	<b>2</b>		
Hand sinks	<b>2</b>		

**"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.

**"Dependent camping unit"** means a camping unit without a toilet and which therefore depends on campground toilets.

**PLAN REQUIREMENTS:**

Ch. 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 a 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.

**Note: Prior to commencing construction or modification operators must consult with the Department of Safety & Professional Services (DPS) and local building and zoning authorities for regulations and requirements on the Americans with Disabilities Act, Electrical Codes, Floodplain Evacuation Plans, solid waste issues and traffic flow.**

**Plan drawn to scale:** Indicate scale on plan or provide dimensional plan indicating code-required distances in linear feet.

**Plan Submittal Checklist:** Identify the following features on the plan. Submit identifying key if necessary. If feature(s) are included on plan check "Included on Plan". Indicate any features not applicable to your plan by checking the "N/A" box. **Do not leave blank.**

Included on Plan	N/A	Included on Plan	N/A	Included on Plan	N/A
<input type="checkbox"/> Layout of & designated campsites* -number and label <b>independent, dependent or both.</b>	<input type="checkbox"/>	<input type="checkbox"/> Sewage Disposal System Locations- (drain- field and holding tanks)*	<input type="checkbox"/>	<input type="checkbox"/> Petting Zoo / Animal Area / Manure deposition**	<input type="checkbox"/>
<input type="checkbox"/> Camping Cabins / Yurts / Tepees**	<input type="checkbox"/>	<input type="checkbox"/> Central Garbage Collection Site**	<input type="checkbox"/>	<input type="checkbox"/> The Drawing's Scale (25 feet)*	<input type="checkbox"/>
<input type="checkbox"/> Park Models**	<input type="checkbox"/>	<input type="checkbox"/> Garbage / Refuse Containers*	<input type="checkbox"/>	<input type="checkbox"/> Number of acres used for campsites	<input type="checkbox"/>
<input type="checkbox"/> Mobile Homes**	<input type="checkbox"/>	<input type="checkbox"/> Garbage / Refuse Incineration Location	<input type="checkbox"/>	<input type="checkbox"/> Distance Between Campsites*	<input type="checkbox"/>
<input type="checkbox"/> Rentals to Public: RV's, Cottages	<input type="checkbox"/>	<input type="checkbox"/> Fire Extinguishers*	<input type="checkbox"/>	<input type="checkbox"/> Potable Water Piping & Hydrants**	<input type="checkbox"/>
<input type="checkbox"/> Permanent Buildings or Structures**	<input type="checkbox"/>	<input type="checkbox"/> Pools / Whirlpools / Lake / River / Beach / Swim ponds**	<input type="checkbox"/>	<input type="checkbox"/> Site Setback Distances From Street*	<input type="checkbox"/>
<input type="checkbox"/> Potable Well(s)* and Designated Potable Water Outlets*	<input type="checkbox"/>	<input type="checkbox"/> Water Slides**	<input type="checkbox"/>	<input type="checkbox"/> Storage of Wastewater Hauling Equipment**	<input type="checkbox"/>
<input type="checkbox"/> Toilets / Privies*	<input type="checkbox"/>	<input type="checkbox"/> On-Site Food Service / Retail Food Store**	<input type="checkbox"/>	<input type="checkbox"/> RV Transfer Containers Installation for Specific Site(s)*	<input type="checkbox"/>
<input type="checkbox"/> Portable Toilets	<input type="checkbox"/>	<input type="checkbox"/> Activities Area(s)**	<input type="checkbox"/>	<input type="checkbox"/> Streets / Roadways / Highways*	<input type="checkbox"/>
<input type="checkbox"/> Shower/Toilet Buildings	<input type="checkbox"/>	<input type="checkbox"/> Office Building**	<input type="checkbox"/>		
<input type="checkbox"/> Sanitary Dump Station(s)(SDS)**	<input type="checkbox"/>	<input type="checkbox"/> Designated Parking Areas**	<input type="checkbox"/>		
<b>*REQUIRED **PROVIDE IF EXISTING OR PLANNED</b>					

**Additional submittal requirements:** Submittal to review and approval by the Wisconsin Department of Safety and Professional Services, Safety, in most instances, is required for plans for the construction of public buildings, water, plumbing and wastewater treatment systems servicing campgrounds. The Wisconsin Department of Agriculture, Trade & Consumer Protection requires proof of approval for these systems/construction in campgrounds. Submit copies of all DPS approval letters with the plan and this application. Check off indicating the documentation is included. Indicate N/A if not applicable.

**Department of Safety and Professional Services-Safety and Buildings Division Plan Approval Letters for:**

**Note: A Wisconsin Licensed plumber must complete all plumbing.**

- Water Distribution System  Plumbing  Wastewater Treatment Systems  Wastewater Transfer Containers  Toilet/Shower House Construction
- Letter from the County Zoning Administrator indicating approval for the campground site, septic, land use and privies.
- A copy of the most recent laboratory results for potable water supply (sampled for coliform and nitrates).
- Wisconsin registered well driller and pump installer: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Submit 2 copies of the plan submittal requirements including this application, the Plan and all approval letters

2 copies submitted (check off) Keep copies of all documentation sent to Pierce County Public Health.

The Owner is required to sign this application

\_\_\_\_\_  
Signature – Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date signed

**Submit plans to:** Pierce County Public Health Department  
412 W Kinne St., PO Box 238  
Ellsworth WI 54011  
(715) 273-6755