

SPECIAL EVENT CAMPGROUND PLAN APPLICATION

This application must be submitted to the Health Department at least 7 days prior to the event
 (Reference *Wis. Admin. Code ch Atcp 79*)

COMPLETE ALL SECTIONS (Use separate pages, as necessary. Sections not applicable indicate with "N/A")

NAME OF EVENT: _____ **COUNTY:** _____

Operator Name(s) _____ Address of Camping at the Special Event (Street, City/Town, Zip Code) _____

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

Date and duration of the Special Event (*May not exceed 7 consecutive nights (ch. ATCP 79)*): _____

AREA OF LAND for the intended use of the camp (in acres): _____	TOTAL NUMBER OF CAMPSITES: Maintain minimum distance of <u>10 feet</u> between camping units/attached/unattached add-on equipment or structure. _____	Estimated Number of EXPECTED PERSONS CAMPING for the duration of the event (if unknown, multiply the ~# of campsites x 4): _____
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WATER SUPPLY: Public Name of Village/City/Town _____

Private potable well(s) # of wells _____ Specific location(s): _____

Attach report(s) of negative results of bacteria and nitrate analysis performed on potable water well(s) in the last three months with this application. The Health Department reserves the right to sample the well(s) prior to the event.

Explain how potable water will be distributed to campers: _____

WASTEWATER DISPOSAL: Explain plan of collection and disposal of wastewater from portable toilets, holding tanks from RV's, and from food vendors. _____

WASTEWATER: Number of toilets to be provided: _____ (see table below) Contact Department of Safety and Professional Services (SPS) for number and type required to meet the Americans with Disabilities Act. Consider alcohol consumption and non-campers use of toilets in festivals/outdoor concerts where portable toilets may be shared and under the control of the same operator. At events where alcohol is likely to be served, the Health Department may increase the number of toilets and hand wash sinks, based on the FEMA Special Event Planning guidelines.

Required Toilets Males	Required Toilets Females	Hand wash Sinks
1 per 125 males	1 per 65 females	1 per 200 users

Please complete table below

To determine number by gender, estimate the maximum number of people that may be at the event in any one day, and divide by 2.

Portable Toilets	Number of males	Number of females	Number of hand wash sinks
Flush Toilets	Number of males	Number of females	Number of hand wash sinks

Please complete the reverse side of this page.

PLAN REQUIREMENTS

Ch ATCP 79 Plan Approval. The operator shall submit plans and specifications for a new or expanded special event campground to the Department for examination and approval before setup, or before starting construction or modification. No change in plans or specifications that involve any provision of this chapter may be made unless the change is approved by the Health Department.

NOTE: Operators should consult with the Department of Safety and Professional Services and the Oneida County Planning and Zoning Department (715.369.6130) for any other permits, restrictions and requirements before commencing.

PLAN - DRAWN TO SCALE: Indicate scale (25 ft.) on plan or a dimensional plan indicating code required distances.

PLAN SUBMITTAL CHECKLIST: The plan is to include the following features. Check off the features included on the plan. Any features not applicable indicate with "N/A". **Do not leave blank.**

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|-------|---|-------|--|
| _____ | Campsites | _____ | Site setbacks from street |
| _____ | Toilets and urinals | _____ | Water outlets and cross connection controls |
| _____ | Handwashing 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 | _____ | Free bottled water provided |
| | <input type="checkbox"/> Electricity provided | _____ | |
| | <input type="checkbox"/> Gas generators | _____ | |
| | <input type="checkbox"/> Located on Agricultural Land | | |

Fees: Please make checks payable to the Oneida County Health Department. Please submit payment with this application. Application review will not begin until the fees are received.

Check appropriate fee

- | | | | | | |
|--------------------------|-----------------------|--------------------------|------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | \$175 (1-25 sites) | <input type="checkbox"/> | \$250 (26-50 sites) | <input type="checkbox"/> | \$305 (51-100 sites) |
| <input type="checkbox"/> | \$355 (101-200 sites) | <input type="checkbox"/> | \$410 (Over 200 sites) | | |

I certify that I am familiar with the general requirements of a Special Event Campground set forth in Chapter ATCP 79, Campgrounds, Wisconsin Administrative Code and the above-described event will be operated and maintained in accordance with all applicable regulations. Additional authority is described in Chapter 11.13, and 11.16 of the Oneida County Public Health Ordinance.

SIGNATURE REQUIREMENTS: The operator/responsible entity is required to sign this application.

Applicant's Printed Name: _____

Signature: _____ Date: _____

Submit plans and check to:

Oneida County Health Department
100 W Keenan St
Rhinelander, WI 54501
715.369.6111
