

Florence County Health Department



501 Lake Ave PO Box 410 Florence, Wisconsin 54121 715-528-4837 A.Seibold, RN, MS Health Officer/Director

Campground Plan Approval Application

To receive a license, send the completed application and fee(s), check or money order, payable to the FLORENCE COUNTY HEALTH DEPARTMENT, to the above address. Incomplete information may delay processing your application. Type or Print Only.

Establishment Information										
Establishment Name			Establishment	Email Address						
Establishment Street Address		Establishment ()		Telephone						
Legal Licensee Information					T					
Legal Licensee (name of sole		Legal License		e Email Address						
Legal Licensee Street Address		Legal Licen		ee Telephone						
Water Supply –Please check all boxes that apply and enter the number of systems that are existing or will be new										
Water Supply Existing ☐ Municipal				New Municipal						
□ Private Wel			(s)		☐ Private Well(s)					
Wastewater System Existing ☐ Municipal				Ne	ew 🗆 M	unicipal				
☐ Private Wel			l(s)		☐ Private Well(s)					
Sanitary Dump Station Existing Municipal			Nε		ew 🗆 M	unicipal				
☐ Private Well(s		l(s)	□ Pr		ivate Well(s)					
Types of Camping Units- list	types of camp	ing units intende	d for campsites (Te	nts, RV's, etc.) a	and toilet numl	pers				
Campsite Information			Example	Existing		New				
All sites not designated will be used to calculate toilet				Currently Licensed		# New Sites				
fixtures needed				SITE NUMBER	S	SITE NUMBERS				
List Types of camping units for campsites (tents, RV's,) by			Tents: 1-10, 21-							
site number or range where appropriate)			29 RV's: 30-40							
Total Number of Campsites			40							
Total sites and site number w	11/30-40									
Total sites and site number w	9/21-29									
Total sites and site numbers	10/1-10									
Identify by site number the to	21/ 30-40,11-20									
Independent camping units										
by "I" on plan drawing	10/1 10 21 20									
Identify by site number the total sites designated for Dependent camping units (see definition below). Identify			19/ 1-10, 21-29							
by "D" on plan drawing.										
Identify by site number the to										
designated for use by both "I										
Identify by "B" on plan drawi										
"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 tha					3 - 1 - 1, unit	1,,				
"Dependent camping unit" means a camping unit without a toilet and which therefore depends on campground toilets										

Toilet Facilities					
Toilet Facilities (Number of Units)	Site number used:		Existing:	Ne	w:
Female					
Flush Toilets					
Showers					
Hand Sinks					
Male					
Flush Toilets					
Vault Urinals					
Privies (Vault or pit)					
Showers					
Hand Sinks					
PLAN REQUIREMENTS	anaratar shall abtain	nlan annraval fr	am tha danartmant ar ita	agant hafara a	ny ana of the following accurs: 1
Section ATCP 79.04 Plan Approval. (a) An			•	J	,
The operator begins construction of a cam					. •
subject to previous plan review by the dep					• •
approved by the department or its agent u	• •		• •		•
PLAN DRAWN TO SCALE: Indicate scale or		•	•		
Plan submittal checklist: Check off the fea Layout of & designated campsites. Number &			I System-locations of drain fi		ood service/retail food store
dependent or both	label of independent,	and holding tan	•	eid Offsite it	□ N/A
Yes N/A		☐ Yes ☐ N		⊔ res	□ N/A
Camping Cabins/Yurts/Tepees		Sanitary Dump		Activity A	Areas
□ Yes □ N/A		□ Yes □ N		□ Yes	□ N/A
Park Models		Shower Building			uilding(s)
□ Yes □ N/A		□ Yes □ N	/A	☐ Yes	□ N/A
Mobile Homes		Central Garbage	Collection site	Designat	ted Parking Areas
□ Yes □ N/A		☐ Yes ☐ N	/A	☐ Yes	□ N/A
Rentals to the public: RV's/Cottages		Garbage/Refuse	Containers	Petting 2	Zoo/Animal Area
☐ Yes ☐ N/A		☐ Yes ☐ N		☐ Yes	□ N/A
Potable well(s) and designated water outlets		• ,	25 feet) or dimensions		ent building(s) or structures
☐ Yes ☐ N/A		☐ Yes ☐ N,		☐ Yes	□ N/A
Fire Extinguishers			s used for campsites	Toilets/F	
☐ Yes ☐ N/A Pools/Whirlpools/Lake/River/Beach		☐ Yes ☐ N, Streets/Roads/H		☐ Yes Portable	□ N/A
☐ Yes ☐ N/A		☐ Yes ☐ N	• ,	□ Yes	□ N/A
Playground Equipment			cent laboratory results for po		•
□ Yes □ N/A		☐ Yes ☐ N	•	otable tratel sup	pry (babteria ana incrate).
Additional Submittal Requirements: Submittal	to, review and approval l			essional Services	and/or Florence County Zoning
Department, in most instances, is required for p	lans for the construction	of public building	s, water, plumbing and wast	ewater treatmer	nt systems servicing campgrounds. Th
Florence County Health Department requires pr	oof or approval for these	e systems/constru	ction in campgrounds. Subm	it copies of all DS	SPS & Zoning approval letters with the
plan and this application. Check off indicating the	ne documentation include	ed. Indicate N/A if	not applicable.		
\square Land Properly Zoned for Campground	☐ Plumbing/ Water Distribution System				
☐ Wastewater treatment system	☐ Wastewater transfer containers				
SIGNATURE- APPLICANT			DATE	SIGNED	