Manitowoc County Health Department
1028 S. 9th Street
Manitowoc WI 54220
Phone: (920) 683-4155 healthdepartmentEH@manitowoccountywi.gov

CAMPGROUND PLAN APPROVAL APPLICATION

Wis. Admin. Code ch. ATCP 79

Complete all sections. For sections not applicable, indicate with "N/A". **Type or Print Only.**

Application is for: ☐ New Campground ☐ Modification / Additions (briefly describe): _____

CAMPGROUND NAME	COUNTY	PHONE: ( ) -	
CAMPGROUND ADDRESS STREET	CITY	STATE	ZIP
LEGAL LICENSEE NAME (Name of sole proprietor, partnership, LLC, LLP, or Inc.)	EMAIL ADDRESS	PHONE: ( ) -	
LICENSEE ADDRESS STREET	CITY	STATE	ZIP
NAME OF AGENT FOR THE CORPORATION / OPERATOR (if applicable)		INTENDED DATE OF OPENING FOR BUSINESS	
PREVIOUS BUSINESS NAME	PREVIOUS OPERATOR NAME		

Please check all boxes that apply, and enter the number of systems that are existing or will be new:

WATER SUPPLY	**Existing:**	☐ Municipal ☐ Private Well(s)	**New:**	☐ Municipal	☐ Private Well(s)
WASTEWATER SYSTEM	**Existing:**	☐ Municipal ☐ Private Sewer/POWTS*	**New:**	☐ Municipal	☐ Private Sewer/POWTS*
SANITARY DUMP STATION	**Existing:**	☐ Municipal ☐ Private Sewer/POWTS*	**New:**	☐ Municipal	☐ Private Sewer/POWTS*

ATCP 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.) and toilet numbers:

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

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

"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

Section 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: Operators must consult with the Department of Safety and Professional Services (DSPS) - as well as local building and zoning authorities before commencing construction or modification.

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 the "Yes" box below. Any features not applicable to your plan, check the "N/A" box. DO NOT LEAVE BLANK.								
☐Yes	☐N/A	Layout of & designated campsites - number and label **independent, dependent** or **both.**	☐Yes	☐N/A	Shower/Toilet Buildings	☐Yes	☐N/A	On-Site Food Service / Retail Food Store
☐Yes	☐N/A	Camping Cabins / Yurts / Tepees	☐Yes	☐N/A	Sanitary Dump Station(s)	☐Yes	☐N/A	Activities Area(s)
☐Yes	☐N/A	Park Models	☐Yes	☐N/A	Sewage Disposal System Locations - (drain- field and holding tanks)	☐Yes	☐N/A	Office Building
☐Yes	☐N/A	Mobile Homes	☐Yes	☐N/A	Central Garbage Collection Site	☐Yes	☐N/A	Designated Parking Areas
☐Yes	☐N/A	Rentals to Public : RV's, Cottages	☐Yes	☐N/A	Garbage / Refuse Containers	☐Yes	☐N/A	Petting Zoo / Animal Area / Manure deposition
☐Yes	☐N/A	Permanent Buildings or Structures	☐Yes	☐N/A	Garbage / Refuse Incineration Location	☐Yes	☐N/A	Drawing Scale (25 feet) or Dimensions
☐Yes	☐N/A	Potable Well(s) and Designated Potable Water Outlets	☐Yes	☐N/A	Fire Extinguishers	☐Yes	☐N/A	Number of acres used for campsites
☐Yes	☐N/A	Toilets / Privies	☐Yes	☐N/A	Pools / Whirlpools / Lake / River / Beach / Swim ponds	☐Yes	☐N/A	Streets / Roadways / Highways
☐Yes	☐N/A	Portable Toilets	☐Yes	☐N/A	Water Slides	☐Yes	☐N/A	Playground Equipment

ADDITIONAL SUBMITTAL REQUIREMENTS: Submittal to, review and approval by the **Wisconsin Department of Safety and Professional Services**, in most instances, is required for plans for the construction of public buildings, water, plumbing and wastewater treatment systems servicing campgrounds. The Manitowoc County Health Deparment requires proof of approval for these systems/construction in campgrounds. Submit copies of all DSPS 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:

- ☐ a) Water Distribution System
- ☐ b) Plumbing
- ☐ c) Wastewater Treatment Systems
- ☐ d) Wastewater Transfer Containers

Note: A Wisconsin licensed plumber must complete all plumbing.

☐ A copy of the most recent laboratory results for potable water supply (sampled for coliform and nitrates).

SIGNATURE	
APPLICANT SIGNATURE – **REQUIRED**	DATE

Personal information you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. § 15.04(1)(m)

SUBMIT THIS APPLICATION AND COPIES OF ALL PLANS AND SUPPORTING DOCUMENTS TO:

Manitowoc County Health Department
1028 S. 9th Street
Manitowoc WI 54220

Office Use Only

SIGNATURE – Official:_____ Date Approved: _____