

SPECIAL EVENT CAMPGROUND APPLICATION

Chapter HFS 178.16, Campgrounds

(This application and fee must be submitted to the Marathon County Health Department at least 7 days prior to the event.)

2019-20

Name of Event _____

Location of Event _____

Date(s) of Event _____ Duration of Event _____

Name of Licensee (Contact Person) _____ Phone _____

Mailing Address _____
Street City State Zip

Email Address _____

Total # of Campsites _____ Estimated # of Campers (# of campsites X 6) _____

Acreage for campground use (maximum of 50 campsites/acre) _____

Fee submitted (check one):

\$107 (1-25 sites)
 \$138 (26-50 sites)
 \$169 (51-100 sites)
 \$191 (101-199 sites)
 \$191 (200 + sites)
code 64
 code 65
 code 66
 code 67
 code 69

WATER SUPPLY: Municipal Name of Village/City/Town _____
 Private* Well Address _____

****Please submit bacteria and nitrate analysis performed on well with this application.***

WASTEWATER: Number of toilets to be provided (see table below)

Required Water Closets - Males	Required Water Closets - Females	Required Lavatories
1 per 125	1 per 65	1 per 200

Please Complete Table Below

Portable Toilets:	Number of Males		Number of Females		Number of Lavatories	
Flush Toilets:	Number of Males		Number of Females		Number of Hand Wash Sinks	

Name of Licensed Disposer Serving Portable Toilets _____ Phone _____

SOLID WASTE: Name of Solid Waste Removal Service _____ Phone _____

Please complete the reverse side of this page.

