

SPECIAL EVENT CAMPGROUND APPLICATION

[This application must be submitted to the Department at least 7 days prior to the event]

1. Name of the event: _____
2. Address of the event: _____
3. Date & duration of the event: (Please also list times) _____
4. Name of legal licensee and personal contact: _____
5. Mailing address of the legal licensee: _____
6. Name and phone number of organizer of the event: _____
7. Estimated number of people attending the event: _____
8. Area of land for the intended use of the campground: _____

Assuming a maximum of 50 sites per acre: Acres x 50 = # of sites; # of sites x 6 = # of people

Total number of sites _____ Number of sites: Dependent _____ Independent _____

9. WASTEWATER Number of toilets to be provided: (See Table B before completing Table A below)

Table A

Vault toilets (privies):	Females #	Males #	Urinals #
Portable toilets:	Females	Males	Urinals
Flush toilets:	Females	Males	Urinals

Table B

Number of patrons OF EACH SEX	Required Water Closets (WC) (Toilets) MALES (M)	Required Water Closets (WC) (Toilets) FEMALES (F)	Required Urinals (U)
1-100	1	1	0
101-200	1	2	1
201-250	1	3	2
251-300	1	4	2
301-350	2	5	2
351-400	2	6	2
401-450	2	7	3
451-500	2	8	3
501-600	2	9	4
Over 600	One (WC) for each additional 600 (M) or fraction	One for each additional 275 (F) or fraction	One (U) for each additional 500 (M) or fraction

Licensed disposer servicing the portable toilets or independent units:

Name: _____ Address: _____ Phone Number _____

9. POTABLE WATER: Source: Municipal: _____ Name of Village/City/Town: _____
 Private well: _____ Address: _____
 Bacteria Analysis performed on well water, written results provided with this application.

Water Distribution Method: _____

OVER

10. SOLID WASTE/GARBAGE REMOVAL SERVICE:

Name: _____ Address: _____

Phone Number: _____

11. Fee: Based on SITES (Make check payable to the La Crosse County Treasurer)

\$194 1-25 sites	\$235 26-50 sites	\$265 51-100 sites	\$316 101- 199 sites	\$388 200 + sites
-------------------------	--------------------------	---------------------------	-----------------------------	--------------------------

12. PROVIDE A SCALED SITE DRAWING OF YOUR INTENDED CAMPGROUND (Attach additional pages)

Show the total area designated for campsites (square feet or acres) and use the following symbols for their scaled locations:

Water wells (s)

Water supply outlets

Toilet facilities

Solid Waste Containers

Dependent Units

Independent Units

13. I certify that I am familiar with WI Adm. Code Chapter HFS 178 Campgrounds and the above-described establishment will be operated and maintained in accordance with all applicable regulations.

14. I consent to entry on the premise, by La Crosse County personnel for purposes of inspection, at all reasonable hours.

APPLICANT'S Printed Name

APPLICANT'S SIGNATURE

DATE

DEPARTMENT COMMENTS:

--	--

Approved by

Date

Copy to applicant:

___ In person

___ Mailed

Date: _____