

SPECIAL EVENT CAMPGROUND APPLICATION

Chapter ATCP 79, Campgrounds

(This application and fee must be submitted to the Marathon County Health Department at least 30 days prior to the event.)

2024

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):

____ \$344.40 (1-25 sites) code 64 ____ \$408.99 (26-50 sites) code 65 ____ \$469.73 (51-100 sites) code 66 ____ \$585.45 (101-199 sites) code 67 ____ \$694.46 (>200 sites) 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 _____

