

Name of the Event		Date and Duration of Event	
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Event Address	
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Licensee Name		Phone Number	
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Licensee Address		City, State		Zip	
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Name of Contact Person		Phone Number	
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1. Estimated Number Campers: \_\_\_\_\_ (Assume a maximum of 50 sites per acre: Acres x 50 = Number of sites; number of sites x 6 = Estimated Number of Campers)
2. Total Number of Sites: \_\_\_\_\_
3. Acres of Land for the Intended Use of Campground: \_\_\_\_\_
4. Wastewater: Number of toilets to be provided (See Table below). (Assume 50% Males and 50% Females).  
**Note:** Portable toilets must be located between 75' - 400' from campsites.

<b>Required Number of Water Closets (Toilets)</b>		<b>Required Number of Hand-washing Units</b>
Males - 1 per 125    Females - 1 per 65		1 per 200 persons
<b>Number of Males</b> _____	<b>Number of Females</b> _____	<b>Total Number of Persons</b> _____
<b>Required Number of Toilets for Males</b> ( Number of Males divided by 125 ) _____	<b>Required Number of Toilets for Females</b> ( Number of Females divided by 65 ) _____	<b>Required Number of Hand-wash Sinks</b> ( Total Number of Persons divided by 200 ) _____

**Licensed operator servicing the portable toilets and/or independent units**    Name: \_\_\_\_\_

Address \_\_\_\_\_ Tel. # \_\_\_\_\_

5. Potable Water Source: \_\_\_\_ Municipal (Where are you obtaining the municipal water?) \_\_\_\_\_  
 \_\_\_\_ Private Well (Address of well) \_\_\_\_\_

The water supply must be from a safe and approved source. **Submit results of bacterial and nitrate testing**, performed by a laboratory state certified to test water, along with this application. **Note:** Water outlets must be located within 400' from campsites. Water distribution system must be of approved materials, i.e., hoses must be food grade material and protected from backflow and back-siphoning by approved back flow preventors.

