



HEALTH DEPARTMENT

3415 28th Street, Port Huron, MI 48060
(810) 987-5300

COUNTY OF ST. CLAIR



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W.I.C. PROGRAM
(810) 987-8222 Phone
(810) 966-2898 Fax

BRANCH OFFICE:

TEEN HEALTH CENTER
(810) 987-1311 Phone
(810) 987-0651 Fax

SUBJECT: Temporary Campground Permit Application

Attached is an application to operate a temporary campground and the MDEQ procedures for licensing a temporary campground. Please read the procedures, complete the application, and return it with the appropriate information.

Some of the information needed will be:

- **The appropriate state fee and the local health department fee of \$25.00.**
- **Site plan, as referred to on the attached MDEQ application.**
- **Other information may be necessary. Refer to the MDEQ application.**

STATE OF MICHIGAN FEE SCHEDULE FOR TEMPORARY CAMPGROUND LICENSES			
No. of sites in temporary campground	State portion of fees	Local Health Dept. Fee	TOTAL AMOUNT DUE
1 - 25 sites	\$ 89.00	\$ 25.00	\$ 114.00
26 - 50 sites	\$ 119.00	\$ 25.00	\$ 144.00
51 - 75 sites	\$ 149.00	\$ 25.00	\$ 174.00
76 - 100 sites	\$ 179.00	\$ 25.00	\$ 204.00
101 - 500 sites	\$ 268.00	\$ 25.00	\$ 293.00
501 or more sites	\$ 596.00	\$ 25.00	\$ 621.00

Please return the completed application, information, and the appropriate fee to the St. Clair County Health Department at least 14 days before the event. Make your check, in the total amount due, payable to: *St. Clair County Health Department*.

If you have any questions, please contact our office at (810) 987-5306.

Sincerely,

ST. CLAIR COUNTY HEALTH DEPARTMENT

Steve Demick, R.S.
Environmental Health Director

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Attachments



DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF DRINKING WATER AND MUNICIPAL ASSISTANCE

**APPLICATION AND LICENSE
TO OPERATE A TEMPORARY CAMPGROUND IN MICHIGAN**

This information is required under authority of Part 125 of 1978 PA 368, as amended. Failure to obtain a temporary license is a misdemeanor.

(PLEASE PRINT IN BLACK OR BLUE INK)

Group/Organization Name			
Location of Event (Street Number and Name)		City, Village, or Township Name	ZIP Code
Local Telephone Number	County of Event	Landowner's Name	
Landowner's Address		City	State ZIP Code

This Temporary Campground License Fee Schedule is Only Effective Through September 30, 2016

NUMBER OF CAMPSITES:		License Fee: 5 - 25 sites: \$89; 26 - 50 sites: \$119; 51 - 75 sites: \$149 76 - 100 sites: \$179; 101 - 500 sites: \$268; 501+ sites: \$596
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Please make the *License Fee* payable to the local health department having jurisdiction. The local health department where the temporary campground is located is also entitled to collect an inspection fee in addition to the above License Fee. **Submit the following information to the local health department at least 14 days prior to the event:** (1) completed license application, (2) license fee payment, (3) copies of contracts for services to be provided (portable privies, garbage, etc.) and (4) a site plan showing the location and accessibility of the campsites, campground roads, and facilities. **A CAMPGROUND CONSTRUCTION PERMIT IS REQUIRED FOR PERMANENT FACILITIES IN TEMPORARY CAMPGROUNDS (i.e., wells, sewage systems, etc.).** Additional information may be obtained at www.michigan.gov/deqwater or contact the DEQ, at 517-284-6520, or the local health department.

DATES OF OPERATION:	Date	through	Date	Check if this is a license extension:	
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**The maximum time of operation is two weeks with one extension of two weeks allowed.
A minimum of 30 days is required between licenses. Separate fees are due for each separate license period.**

SANITARY FACILITIES:

Type	Male	Female	Unisex		No. of Sanitary Dump Stations	
No. of Lavatories					No. of Water Outlets	
No. of Toilets					No. of Sites With Sewer Connections	
No. of Urinals					No. of Sites With Water Connections	
No. of Showers					No. of Sites With Electrical Connections	
No. of Privies						

I hereby certify that the foregoing information is accurate and complete.

Signature of Applicant	Title	Date
Address of Applicant		Telephone Number

PLEASE DO NOT WRITE BELOW THIS LINE - THIS SPACE FOR LOCAL HEALTH DEPARTMENT USE ONLY

COMMENTS:

TEMPORARY LICENSE IS: APPROVED DISAPPROVED (If disapproved, see Section 12508, 1978 PA 368)

Signature of Local Health Department Representative

Date

Upon approval by the local health department, this temporary campground is licensed for the dates indicated.

POST IN A CONSPICUOUS PLACE. LICENSE IS NOT TRANSFERABLE AS TO PERSON OR PLACE.

Local Health Department acknowledgment of receipt of fees:
Fees of \$ _____ and \$ _____ were received by the undersigned on _____ Date
License Fee Local Inspection Fee

Signature Title Local Health Department

DISTRIBUTION: ORIGINAL - DEQ ONE COPY TO APPLICANT ONE COPY TO LOCAL HEALTH DEPARTMENT