# ST. CLAIR COUNTY \_\_\_\_\_

Our Community. Our Environment.

3415 28<sup>th</sup> Street Port Huron MI 48060

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www.scchealth.co

# SUBJECT: Temporary Campground Permit Application

Attached is an application to operate a temporary campground and the MDEQ procedures for licensing a temporary campground.

Some of the information needed will be:

> The appropriate state fee and the local health department fee.

> Site plan, as referred to on the attached MDEQ application.

> Other information may be necessary. Refer to the MDEQ application.

No. of sites in temporary campground	State portion of fees	Local Health Dept. Fee	Total Amount Due
5-25 sites	\$94	\$75	\$169
26-50 sites	\$126	\$125	\$251
51-75 sites	\$158	\$175	\$333
76-100 sites	\$190	\$225	\$415
101-500 sites	\$284	\$275	\$559
501 or more sites	\$632	\$350	\$982

Please return the completed application, information and the appropriate

fee to the St. Clair County Health Department <u>at least 14 days</u> <u>before the event.</u> Make your check in the total amount due, payable to: SCCHD.

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

# Sincerely,

ST. CLAIR COUNTY HEALTH DEPARTENT Steve Demick, R.S. Environmental Health Director



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY DRINKING WATER AND ENVIRONMENTAL HEALTH DIVISION

### LICENSE APPLICATION

### TO OPERATE A TEMPORARY CAMPGROUND IN MICHIGAN

This application is required under authority of Part 125, Campground Administrative Rules, of 1978 PA 368, as amended.

Failure to obtain a temporary campground 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					
Campground/Contact Phone Number	County of Event	Landowner's Name					
Landowner's Address	City	State	ZIP Code				

Submit the following to the Local Health Department (LHD) having jurisdiction at least 14 days prior to the event:
(1) This completed license application. This application form is available at all local health department offices.
(2) State License Fee plus LHD Inspection Fee made payable to the LHD (contact the LHD to inquire about their inspection fee).
(3) Copies of current safe water sample results and service contracts to be provided (i.e., portable privies, garbage, etc.).
(4) A site plan showing the layout of the campsites (with a numbering system for emergency response purposes), site dimensions, Group Camp Area(s), roads, service bldg(s), well(s), septic tank(s), drainfield(s), privy locations, sanitary dump station or sign to nearest station, etc. For more information, visit your LHD, go to Michigan.gov/EGLECampgrounds, or call the EGLE Campground Program at 517-284-6520.

The maximum time of operation is two weeks with one extension of two additional weeks if approved by the LHD. A minimum of 30 days is required between licenses. Separate fees are due for each separate license period.         SANITARY FACILITIES:       TUTLITIES:         Type       Male       Female         No. of Lavatories (sinks)       No. of Drinking Water Orates or         No. of Toilets       Contract with Licensed Vater Hauler         No. of Toilets       Contract with Licensed Vater Hauler         No. of Toilets       Contract with Licensed Vater Hauler         No. of Toilets       Sanitary Dump Station or         No. of Toivies* zumises per 25 sites       Contract with Licensed Septage Hauler or         "Can be valued (dumbuse with septic tank) or portable (remtab)       Post Sign to Nearest San Dump Station         I hereby certify that the above information is accurate and complete.       Ermail         Signature of Applicant       Date       Ermail         Address of Applicant       Date       Date         Upon approval by the local health department, this temporary campground is licensed for the dates indicated.       POST IN A CONSPICUOUS PLACE. THIS LICENSE IS NOT TRANSFERABLE TO A PERSON OR PLACE.         Local Health Department acknowledgment of receipt of fees:       Fees of \$	NUMBER OF C	AMPSITES	START DATE		through END I		ENI	D DATE			
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Type       Male       Female       Unisex       Provide Current Drinking Water Samples         No. of Lavatories (sinks)       No. of Drinking Water Outlets or       No. of Drinking Water Outlets or         No. of Toilets       Contract with Licensed Water Hauler       No. of Showers         No. of Showers       Sanitary Dump Station or       Contract with Licensed Septage Hauler or         Can be valued (outhouse with septic tank) or portable (rentale)       Post Sign to Nearest San Dump Station       Post Sign to Nearest San Dump Station         I hereby certify that the above information is accurate and complete.       Signature of Applicant       Date       Title       E-mail         Address of Applicant       Date       Title       E-mail       Phone Number         PLEASE DO NOT WRITE BELOW THIS LINE – THIS SPACE FOR LOCAL HEALTH DEPARTMENT USE ONLY       COMMENTS:         Signature of Local Health Department Representative       Date       Date         Upon approval by the local health department, this temporary campground is licensed for the dates indicated.       POST IN A CONSPICUOUS PLACE. THIS LICENSE IS NOT TRANSFERABLE TO A PERSON OR PLACE.         Local Health Department acknowledgment of receipt of fees:       Fees of \$											
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DISTRIBUTION: ORIGINAL TO EGLE - ONE COPY TO APPLICANT - ONE COPY TO LOCAL HEALTH DEPARTMENT EGLE Environmental Assistance Center Page 1 of 1 Michigan.gov/EGLECampgrounds Telephone: 1-800-662-9278 EQP1717 (02/2020)