Campground Plan Review Questionnaire

Establishment Name			
Owner's Name		**Phone #**	
Physical Address			
Mailing Address			
City, State, Zip			
Completion Date			

Please complete and return the following questionnaire along with a scaled drawing of the campground <u>at least 30 days prior to beginning construction.</u>

Type of Campground: **Full Service** ◯ **Limited Service** ◯ **Temporary** ◯

Campground Size in Acres: _____ acres

Total Number of Sites: _____ sites

Typical Site Dimensions: _____ x _____

Distance Between Sites: _____ feet

Number of Service Buildings: _____

Width of Surfaced Roadways: _____ feet

Water Hookups: **Yes** ◯ **No** ◯ If yes (# of sites) _____

Sewer Hookups: **Yes** ◯ **No** ◯ If yes (# of sites) _____

Are caps provided for sewer risers? **Yes** ◯ **No** ◯

Electrical Hookups: **Yes** ◯ **No** ◯ If yes (# of sites) _____

Watering Stations: Number of: _____

Sanitary Dump Stations: Number of: _____

Distance from farthest campsite? _____ feet

Is a concrete apron provided for the dump station drain? **Yes** ◯ **No** ◯

Is a water hydrant provided at the dump station? **Yes** ◯ **No** ◯

Note: *All dump station water hydrants must be protected by backflow preventers and must be identified as "Non-Potable Water."*

Water Supply: **Public** ◯ **Private** ◯ **Rural Water** ◯

Note **:** *Private water systems must be analyzed for bacteriological and nitrate contamination. Attach a copy of the laboratory results.*

Sewer System: **Public** ◯ **Private** ◯

Note: *Private sewer systems must be approved by the Dept. of Environment and Natural Resources. Please contact DENR at (605)773-3351 for information on obtaining sewer system approval.*

Swimming Pools: (please enclose construction plans) Number of: _____

Spas or Hot Tubs: Number of: _____

Please describe your service building floor, wall, and ceiling coverings:

Floor:	
Wall:	
Ceiling:	

Number of Service Building Fixtures:

	Men's	**Women's**
Toilets		
Urinals		
Lavatories		
Showers		
Vent Fans		

SEND YOUR COMPLETED QUESTIONNAIRES TO:
Office of Health Protection
615 E Fourth Street
Pierre, SD 57501-1700
Phone (605)773-4945
Fax (605) 773-6667
www.doh.sd.gov