

Campground Plan Review Questionnaire

Establishment Name		E-mail	
Owner's Name		Phone #	
Physical Address			
Mailing Address			
City, State, Zip			

Please complete and submit this form along with a scaled drawing of the campground at least 30 days prior to construction

Estimated Completion Date:

1. Site Design

Total Number of Individual Sites: sites Individual Water Hookups: # of sites

Electrical Hookups: # of sites Individual Sewer Hookups: # of sites

Are caps provided for sewer risers? Yes No

2. Water Source

Watering Station(s): # of Water Supply: Public Private Rural Water
(at least one must be provided)

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

3. Waste Water Disposal

(Each campground shall have a wastewater collection and treatment system to dispose of all wastewater)

Sanitary Dump Station(s) (if provided): # of

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.

4. Pools and Spas

Swimming Pools: # of Spas or Hot Tubs: # of

Note: Please enclose construction plans.

5. Fire Extinguishers

Is a 2A10BC fire extinguisher provided? Yes No

Note: Portable fire extinguishers shall be provided in an accessible area.

6. Service Buildings

Number of Service Buildings Provided: # of

Note: The campground may provide toilets, showers, and lavatories in one or more service buildings for patron use. Floor, wall and ceiling shall be constructed of smooth, nonabsorbent, durable and easily cleanable material. Toilet and bathing facilities must meet the uniform plumbing code as adopted by the state Plumbing Commission.

7. Camping Cabins

Does the facility have camping cabins? Yes No

If so, how many cabins? # of

Is each sleeping room properly equipped with an approved accessible means of egress? Yes No

Note: Please reference the Egress Window Requirement handout for detailed requirements.

Do you provided bedding and linens for overnight guests? Yes No

Are laundry facilities located on site? Yes No

A. If yes, what type of ventilation is provided?

B. If no, where will laundry be done?

Is there a smoke detector in each cabin? Yes No

Note: Cabins may be no more than two sleeping rooms.

Please note the American's with Disabilities Act (ADA) regulations are to be followed for all facilities. ADA requirements are regulated and enforced by the US Department of Justice. For more information, please call the ADA hotline at 1-800-514-0301 or visit their website at <http://www.ada.gov/>

Please Send Your Completed Questionnaire to:

South Dakota Department of Health
Office of Health Protection
600 E Capitol Ave
Pierre SD 57501-1700
(605) 773-4945
Fax (605) 773-5683
www.doh.sd.gov