

Campground Plan Review Questionnaire



Establishment Name		Email	
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

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. 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

Number of Swimming Pools: **Number of Hot Tubs:**

Note: Please enclose construction plans.

5. Fire Extinguishers

Is a 2A10BC fire extinguisher provided? **Yes** **No**

Note: Please enclose construction plans.

6. Service Buildings

Number of Service Buildings Provided:

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, nonabsorbant, 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?

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 provide 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 <https://www.ada.gov/>

Send your completed questionnaire and layout plan to:

Office of Health Protection,
600 E. Capitol Ave., Pierre, SD 57501-1700
Phone: 605-773-4945
Fax: 605-773-5983

