



Temporary/Special Event Campground Plan Review Form

This application will be reviewed and permitted by the local environmental health office as outlined in [ARM 37.111.1224\(1\)](#).

A "special event campground" is defined in [ARM 37.111.1201\(30\)](#) as "a temporary or occasional use campground, work camp, or youth camp operated by a single operator at one location for individual events such as a fair, rally, or project involving the gathering of camping units for a maximum period of 14 consecutive days."

Abbreviations:

MCA- Montana Code Annotated ([website linked here](#))

ARM- Administrative Rules of Montana ([website linked here](#))

EHFS- Montana Department of Public Health and Human Services-Environmental Health and Food Safety Section (ehfs.mt.gov)

DEQ- Montana Department of Environmental Quality-Permitting and Compliance Division-Public Water and Subdivisions Bureau ([website linked here](#))

PLAN REVIEW REQUIREMENTS* *Please ensure that any attachments are included with the application. Applications will not be reviewed until all attachments are submitted.*

- SUBMITTED AT LEAST 30 DAYS PRIOR TO OPENING**
- SCALED SITE PLAN OF CAMPGROUND INCLUDING:**
 - AREA OF CAMPGROUND
 - LOCATION OF EVENT
 - CAMPSITE NUMBERS
 - LOCATION OF TOILETS, HANDWASHING, AND/OR BATHING FACILITIES
 - LOCATION OF WATER STATIONS
 - LOCATION OF SOLID WASTE RECEPTACLES
- COPIES OF ALL MAINTENANCE /SERVICE CONTRACTS OR AGREEMENTS**
- THIS COMPLETED FORM**

***LOCAL ENVIRONMENTAL HEALTH OFFICES MAY REQUEST MORE INFORMATION**

CONTACT INFORMATION *Please provide the information below.*

RESPONSIBLE PARTY NAME _____ EMAIL ADDRESS _____

RESPONSIBLE PARTY ADDRESS _____

CITY _____ ZIP CODE _____ STATE _____

COUNTY _____ OFFICE PHONE _____ CELL _____

NAME OF ESTABLISHMENT/ ORGANIZATION PLANNING EVENT _____

ADDITIONAL CONTACT PERSON _____

MAILING ADDRESS _____

CITY _____ ZIP CODE _____ STATE _____

OFFICE PHONE _____ CELL _____

GENERAL INFORMATION *Please provide all information below.*

EVENT INFORMATION

Is this campground associated with a specific event? **Yes No**

▪ If you selected "Yes", please fill out the information below.

Event Name _____

Event Dates and Times _____

Event Description:

Is this campground owned/operated by the same party as the event described above? **Yes No**

SITE INFORMATION

Site Name _____

Legal Description _____

Number of Acres _____

Site Address _____

Site City _____ County _____ Zip Code _____

CAMP SET-UP

- Maximum Number of Campers _____
- Estimated Number of Campers _____
- Number of Camp Sites _____
- Camp Site Type and Number Available
 - Tent _____
 - RV/Trailer _____
 - Car _____
 - Other; please describe _____
- Campground Open Date _____
- Campground Closure Date _____

WATER SUPPLY

SOURCE Please select the option that best describes the water source. Provide additional information if necessary.

- Water will be supplied through a connection to a public water system, PWSID # _____.
- Water will be supplied by a licensed water hauler.
 - Company Name: _____
 - Company Phone Number: _____
 - Please include a copy of the maintenance agreement/contract with the water hauler.
- Water will be supplied as bottled water.
- Water will be supplied using an alternative method. Describe:

- Water will not be provided at this campground. A deviation from providing potable water is requested of DPHHS and local sanitarian. Describe how the public will be informed that no potable water is available:

DISTRIBUTION Please ensure the following is true and provide additional information as needed.

- Watering station is within 300 feet of all campsites.

Watering station is protected from backflow. Describe:

Describe how water will be distributed throughout the campground:

Any surface water and/or hydrant accessible to the public that is non-potable (not safe for drinking) is clearly posted "unsafe for human consumption or domestic purposes."

WASTEWATER *Please select the option that best describes the wastewater management plan. Provide additional information if necessary.*

A connection to an existing public wastewater system, DEQ # _____, will be made. Connection to a public wastewater system is required if an available system has adequate capacity, and the owner agrees to provide service. Connection plans must be reviewed and approved by DEQ.

A private sewage system will be used. It is adequate, safe, and meets local regulation (i.e. permitted) under [50-2-116, MCA](#).

Portable toilets and wastewater storage will be used and maintained for the duration of the event.

A posted sign gives the location of a sanitary station within 15 miles that is available 24/7 to the public. *[For campgrounds containing independent units]*

An alternative system will be used. Describe how this deviation will prevent potential pollution of state waters or adverse public health effects

SOLID WASTE *Please ensure the following is true and provide additional information as needed:*

Solid waste receptacles are within 300 feet of each campsite.

Solid waste receptacles are rodent-proof, fly-tight, water-tight, and have secured lids.

- Garbage storage is adequate and prevents any type of hazard.
- Garbage is sent to a licensed solid waste facility.
 - Name of Facility: _____
 - Please include a copy of the maintenance agreement/contract with the solid waste facility.

AMENITIES

SET-UP Please provide the information below.

TABLE I

# OF DEPENDENT UNIT DESIGNATED SITES	# OF TOILETS	# OF HANDWASHING SINKS
1-15	2	2
16-30	4	4
31-45	6	6
46-60	8	8
61-80	10	10
81-100	12	12
>100	+2 for Every Additional 75 Sites	12

- Number of Toilets: _____
 - The number of toilets provided must, at a minimum, correspond with Table I above.
- Number of Handwashing Sinks: _____
 - The number of handwashing sinks provided must, at a minimum, correspond with Table I above.
- Number of Bathing Facilities: _____

MAINTENANCE Please provide the information below.

- Describe the plan for servicing and maintaining the toilets, handwashing sinks, and/or bathing facilities:

- Service Provider: _____
- Service Provider Phone Number: _____

- Please include a copy of the maintenance agreement/contract with the maintenance/ septic pumping company.

TEMPORARY LICENSE/PERMIT REQUIREMENTS Please select all boxes below to indicate you understand the purpose and requirements of this form and temporary permitting.

- Local sanitarian approval of these plans must be obtained prior to construction, alteration, enlargement, or occupation of a temporary/special event campground.
- Inspection and approval by the local sanitarian must be obtained before a temporary license/ permit will be issued.
- No modifications to the plan are allowed without local sanitarian/health authority approval. All components of the approved plan must be complied with.
- Approval of these plans and specifications by the health authority does not indicate compliance with any other code, law, or regulations that may be required.
- Obtaining a temporary license/permit from the local health authority does not relieve the applicant from satisfying applicable requirements from other federal, state, or local agencies (such as zoning, building, fire and life safety inspections, and other business licenses).
- I hereby certify that the above information is correct. I fully understand that any deviation from the above without prior permission from the health authority may nullify any approval from the local health authority and/or the department.

THIS APPLICATION MUST BE SIGNED AND DATED BY THE RESPONSIBLE PARTY:

- Responsible Party Signature
Signed Name _____ Date _____
- Other Applicant Signature
Signed Name _____ Date _____

The local sanitarian (environmental health office) will make approval or denial known to the applicant within 60 days of a complete plan submittal.

Please submit this completed form, scaled layout plans, and specifications to your local environmental health office. A list of all county environmental health offices and contact information can be found at <https://dphhs.mt.gov/publichealth/ehfs/countytribalhealthdepts>.