Montana Department of Public Health & Human Services
Food & Consumer Safety Section (406) 444-2837

FCSS April 2015

Work Camp Plan Review

Note: This form applies to work camps only, not to campgrounds, trailer courts, or youth camps as defined in 50-52-101, MCA.

Work Camps are facilities that are for the exclusive use of the employees and the employees family members of the person or company that owns or operates the facilities. If the proposed facility will be serving other individuals, this form cannot be used, and you must complete plan review for trailer courts, campgrounds, hotels, motels, and/or boarding houses.

Name of company or person whose employees will be housed in this Work Camp:

_____

Licensee (Owner) Name_____

Establishment Name_____

Establishment Location Address_____

City_____ Zip_____ County_____

Legal Description_____Number of Acres _____

Mailing Address *(If different from above)*_____

City_____ State_____ Zip_____

Contact person for additional information *(If different from above)* _____

Mailing Address _____

City_____ State_____ Zip_____

Office Phone_____ Cell_____ Email _____

Engineer/Architect/Designer Name (*If applicable*) _____

Business Name_____

Business Mailing Address_____

City_____ State_____ Zip_____

Office Phone_____ Cell_____ Email _____

Abbreviations:

MCA- Montana Code Annotated (available at http://leg.mt.gov/bills/mca_toc/)
ARM- Administrative Rules of Montana (available at http://www.mtrules.org/)
FCSS- Montana Department of Public Health and Human Services-Food and Consumer Safety Section (www.fcss.mt.gov)
DEQ- Montana Department of Environmental Quality-Permitting and Compliance Division-Public Water and Subdivisions Bureau (http://deq.mt.gov/wqinfo/sub/default.mcpx)

This application will be jointly reviewed by the local environmental health office and FCSS under Montana ARM Title 37, Chapter 111, Subchapter 6.

Please answer every question. If a question does not apply to your establishment, then place a "NA" (not applicable) next to the item. Note: most plans are denied because of incomplete information.

TYPE OF REVIEW: *Choose one.*

- ❑ A. New Construction
- ❑ B. Alteration or Enlargement of Existing Camp
- ❑ C. Reactivation of a Previously Licensed Camp

If previously licensed, former name_____

Previous license number_____ Last calendar year licensed_____

PROPOSED ESTABLISHMENT: *Check all that are applicable.*

- ❑ RV or manufactured home (trailer) sites _____
- ❑ Sleeping units or other shelters with beds (which are not RVs or trailer homes) _____
- ❑ Total maximum number of persons (including on-site management and/or other staff) _____

GENERAL PLAN REVIEW REQUIREMENTS

With this application, you must submit the following, if applicable:

- ❑ 1. DEQ approval of any Public Water Supply Systems or Public Wastewater Systems that will be built. "Public water supply system" means a water supply that has at least 15 service connections or that regularly serves at least 25 persons daily for any 60 or more days in a calendar year.
- ❑ 2. Scaled plans showing the number, size and location of all trailer/RV spaces, sleeping units and other shelters, service buildings, kitchen, bathroom and bathing facilities and other structures.
- ❑ 3. Detail of each trailer/RV/shelter space, showing where the water and sewer risers are in relation to one another.
- ❑ 5. Detail of location of water and sewer riser on typical trailer/RV/shelter space, if not obvious on main plan.
- ❑ 6. Location and detail of each watering station (used by multiple RVs).
- ❑ 7. Location and detail of each wastewater sanitary station (used by multiple RVs).
- ❑ 8. Location of each solid waste storage container.
- ❑ 9. Location, detail and finish schedule of any service building, cooking, laundry or cleaning facilities, or other structures.

WATER SUPPLY

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

Choose one of the following four options which best describes the potable water supply source.

- ❑ A. The establishment will be served by a public water supply, PWSID #_____.

- ❑ B. Systems not meeting the definition of a public water supply may develop and use an approved private water supply. Satisfactory coliform and nitrate tests must be provided before the system may be used as a potable water supply.
  - ➢ If the system is a non-public water supply, routine coliform tests are taken twice a year (April through June and again July through September); nitrate tests are taken every three years. Record the most recent water sample testing results here:

  - ❑ Total Coliform test date_____ Result_____
  - ❑ Nitrate test date_____ Result_____

Choose any of the following three options which best describe access to water.

- ❑ A. An individual water hydrant or connection riser will be at each site or structure.

- ❑ B. A common water station will be separated from wastewater station to ensure water hose is not used to flush wastewater holding tank.
- ❑ C. Some sites will have an individual hydrant or riser, some will use a common watering station. *(This should be clearly marked on the layout plans)*

Answer all of the following for potable water protection.

- ❑ 1. Water risers and hydrants will be protected by a post or other permanent barrier. Describe:_____
- ❑ 2. Water risers will have a shut-off valve at each outlet.
- ❑ 3. Water risers are ¾" in diameter or greater and extend a minimum of 4" about ground level.
- ❑ 3. Water connections to each site or living unit will be protected from backflow/back siphonage. Describe:_____

SEWAGE SYSTEM

Choose one of the following six options which best describes the wastewater disposal system.

- ❑ A. The establishment will be connecting to an existing public wastewater system, DEQ #_____. 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.

- ❑ B. A public wastewater system will be constructed. "Public wastewater system" means a sewage system that has at least 15 service connections or that regularly serves at least 25 persons daily for any 60 or more days in a calendar year. A copy of the DEQ approved plans must be submitted with this application.
- ❑ C. A private sewage system will be used. It is adequate, safe, and meets local regulation (i.e. permitted) under 50-2-116, MCA.
- ❑ D. If using a sanitary station:
  - ❑ The full-time sanitary station is located at _____ and is _____ miles from the camp.
  - ❑ A sign is posted at the camp stating the location of a sanitary station.

SEWAGE SYSTEM CONNECTION

For individual sewer riser connections at each site:

- ❑ 1. 4 inch diameter riser, in vertical position.
- ❑ 2. Sewer riser separated from drinking water riser by at least 6 feet.
- ❑ 3. Surface drainage diverted away from riser.
- ❑ 4. Air-tight, tamper-resistant cap in place when not occupied.
- ❑ 5. Materials meet state requirements.

For common area sanitary stations:

- ❑ 1. At least one for every 100 RV sites without an individual sewer riser.
- ❑ 2. 4 inch minimum diameter sewer riser.
- ❑ 3. Concrete apron at least 4 square feet at inlet end, sloped to the drain.
- ❑ 4. Self-closing hinged cover over the central drain.
- ❑ 5. Wash-down water outlet with anti-back siphoning device.
- ❑ 6. Sign states the water is unsafe for drinking.
- ❑ 8. Materials meet state requirements.

SOLID WASTE *Choose one of the two options and answer the details for either option.*

- ❑ A. Management will provide solid waste storage, collection and disposal.
  - ❑ 1. Containers are rodent-proof, with secured lids that are fly-tight and water-tight.
  - ❑ 2. Containers are within 150 feet of all sleeping quarters.
  - ❑ 3. Garbage storage is adequate and prevents any type of hazard.
  - ❑ 4. Garbage is sent to a licensed solid waste facility at least weekly.
    - ❑ Name of facility:_____

LICENSE REQUIREMENTS *(Please check each item to verify you understand these requirements of licensing)*

- ❑ DPHHS and local health department approval of these plans must be obtained prior to construction, alteration, enlargement or occupation of a campground or trailer court.
- ❑ Inspection and approval by the local health department must be obtained before a license will be issued.
- ❑ Approval of these plans and specifications by the health authority does not indicate compliance with any other code, law or regulation that may be required.

- ❑ Obtaining a license from the 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 at least one of the following:

- ➢ Licensee Signature (Owner or Manager)

  Name _____ Date _____

- ➢ Engineer/Architect/Designer

  Name _____ Date _____

- ➢ Other Applicant Authorized by Owner/Licensee

  Name _____ Date _____

DPHHS will make approval or denial known to the applicant within 60 days of a complete plan submittal. Any approval of plans expires in 2 years if construction has not begun.

Please submit this completed form, scaled layout plans and specifications to:

DPHHS- Food & Consumer Safety Section
PO Box 202951
Helena, MT 59620-2951
Fax: 406-444-5055
Email: hhsfcs@mt.gov

The same information must be submitted to the local sanitarian (environmental health office) for your county as part of the joint review process.