



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

Campground or Trailer Court Establishment Plan Review

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

Most trailer courts and campgrounds must obtain Department of Environmental Quality (DEQ) approval under ARM Title 17, Chapter 36, subchapter 3. DEQ approval of the water supply and wastewater systems will be required if the definition of a Public Water Supply and/or Public Wastewater System are met by the trailer court and/or campground (ARM Title 17, Chapter 38, subchapter 1).

FCSS will not begin the plan review process without the required documentation, as described under "General Plan Review Requirements".

Licensee (Owner) Name _____ Email address _____

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 ([website linked here](#))

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

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 ([website linked here](#))

This application will be reviewed by the local environmental health office and/or FCSS as outlined in [ARM 37.111.1204\(1\)](#)

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.

GENERAL PLAN REVIEW REQUIREMENTS

With this application, you must submit the following:

- 1. DEQ Certificate of Subdivision Approval (COSA). **If your establishment has two or more mobile home spaces or RV spaces (even if these are dry spaces) a COSA is required. You must work with the DEQ to obtain a COSA prior to submitting this form.**
- 2. 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.
- 3. Scaled plans showing the number and size of all trailer spaces and /or campsites. Include a number or other identification for each site.
- 4. Detail of each typical trailer space and/or campsite, showing where the water and sewer risers are in relation to one another.
- 5. Detail of location of water and sewer riser on a typical trailer space, if not obvious on main plan.
- 6. Location and detail of each watering station (used by multiple campers).
- 7. Location and detail of each wastewater sanitary station (used by multiple campers).
- 8. Location of solid waste storage containers.
- 9. Location, floorplan and finish schedule of all service buildings, cooking or cleaning shelters, or other public structures.

TYPE OF REVIEW: Choose one.

- A. New Construction
- B. Alteration or Enlargement of Existing Licensed Campground and/or Trailer Court
- C. Reactivation of a Previously Licensed Establishment

If previously licensed, former name _____

Previous license number _____ Last calendar year licensed _____

TYPE OF ESTABLISHMENT: Check all that are applicable based on current licensing. Include work camp and/or youth camp information if converting these types of sites to a campground or trailer court.

- 1. Campground
Number of Sites for Each:
 - 1. Recreational Vehicles _____
 - 2. Tents _____
 - 3. Cabins _____
 - 4. Other type of structure (tipi, yurt, etc.) describe and number _____
- 2. Trailer Court (Mobile Home Park): Number of sites _____

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 a private water supply, in accordance with Food and Consumer Safety Circular 1. 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:
 - Coliform bacteria test date _____ Result _____
 - Nitrate test date _____ Result _____

- D. This campground will not provide potable water will be provided. 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: _____

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 within 300 feet of each camping site, 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 constructed and located to minimize potential damage. Describe: _____
- 2. Water risers will have a shut-off valve at each outlet.
- 3. Backflow protection installed where health hazards exist that could lead to contamination. 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. Sealed vault pit privy.
- E. 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]*
- F. An alternative system will be used. Describe how this deviation will prevent potential pollution of state waters or adverse public health effects

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 plumbing requirements, except flex hose ok for RV connection without skirting if not more than 30 days. [\[Ref. 24.301.301\(1\)\]](#)
- 6. System leak tested with at least a 10-foot head of water for at least 15 minutes.

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.

- 7. Feature meets DEQ subdivision requirements.
- 8. Materials meet state plumbing requirements.
- 9. System leak tested with at least a 10-foot head of water for at least 15 minutes.

For service buildings:

- 1. Located within 300 feet of all sites designated for dependent use
- 2. Number of toilets: _____
- 3. Number of handwashing sinks: _____

MANAGEMENT

- A. Name of on duty manager _____
 - 1. Phone number _____
 - 2. Email _____

SOLID WASTE

- 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 300 feet of every site.
 - 3. If not within 300 ft, containers are centrally located
 - 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: _____

MISCELLANEOUS

- 1. Maximum allowable length of stay for campground _____
- 2. Will any food be served? Describe _____
- 3. Does establishment have a pool or spa? No Yes
Who can access pool or spa _____

**Items in this section may be subject to additional licensure*

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

- DPHHS and local sanitarian 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 sanitarian 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

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