

**Hendricks County Temporary Campground Permit Application**

The following information must be completed and payment received before permit will be issued. Please send application to: Hendricks County Health Department #210, 355 S. Washington St., Danville, IN 46122. If you have any questions, contact an Environmental Health Specialist at (317) 745-9217.

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Applicant Phone Number:** \_\_\_\_\_

**Name of Campground:** \_\_\_\_\_

**Campground Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Campground Phone Number:** \_\_\_\_\_

**Date of Campground Activity:** \_\_\_\_\_

*Construction of Campground*

Are there less than 250 campsites at the campground?  
 YES NO

Total number of campgrounds: \_\_\_\_\_

Are all campsites set back at least 65 feet from the center line of all state and county roads? YES NO

*Sanitary Facilities*

Are all restroom facilities at least fifty feet from any campsite or picnic site? YES NO

Is there at least one water closet/privy for men for each fifty campsites? YES NO

Is there at least one water closet/privy for women for each fifty campsites? YES NO

Total number of restrooms: \_\_\_\_\_

*Water Supply and Sewage Disposal*

Does the property have a current record of a water test performed by a certified water lab?  
 YES NO

Has management sent the health department a copy of the water results to verify testing? YES NO

Is a waste dumping station provided in all campgrounds where self-contained trailers are admitted and individual sewer connections are not provided at each camp site?  
 YES NO

How is wastewater disposed of: \_\_\_\_\_  
 (i.e. municipal sewer)

*Refuse Disposal*

Is at least one refuse container provided for each four campsites? YES NO

Total number of refuse containers: \_\_\_\_\_

Refuse Disposal Contractor: \_\_\_\_\_

*Note: This permit is issued in accordance with the Hendricks County Temporary Campground Ordinance.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:    Receipt # \_\_\_\_\_    Receipt Amount \$ \_\_\_\_\_    Date Payment Received: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_