

# STATE OF MAINE HEALTH INSPECTION PROGRAM

## LICENSE APPLICATION FOR **CAMPGROUND & EVENT CAMPING**

### Applicant Information

Establishment Name: \_\_\_\_\_

Location of Business, E-911 Address: \_\_\_\_\_ Town/City, Zip Code: \_\_\_\_\_

Mailing Address; Town/City, Zip Code: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business E-mail: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Contact FAX #: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

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### 1. Licensing Information:

This business (check one):

- is new and has never been licensed.  
 is presently  was previously licensed by the Health Inspection Program (HIP). If so, provide HIP License EST ID# \_\_\_\_\_  
 is presently  was previously licensed by the Department of Agriculture, Conservation & Forestry (DACF). If so, provide DACF ID# \_\_\_\_\_

### 2. Business Information:

Please check one:  Corporation/LLC  Individual  Partnership  Association  Other

**Corporation, Association, Partnership or LLC Name:** \_\_\_\_\_

**Owner(s) Name:** \_\_\_\_\_

**Owner(s) Mailing Address:** \_\_\_\_\_

My business corporation is in good standing with the Secretary of State and all State Licensing Boards.

Yes  No

Planned Opening Date: \_\_\_\_\_ (Allow at least 30 days following your submission of a **completed** application)

Duration of Operation:  Year-round  Seasonal: Opening Date \_\_\_\_\_ Closing Date \_\_\_\_\_

Name of Temporary Events; \_\_\_\_\_ Dates of event: \_\_\_\_\_ to \_\_\_\_\_

### 3. Former Owner's Information, if applicable:

Former Owner's Name: \_\_\_\_\_ Former Business Name: \_\_\_\_\_

### 4. Business Proposal:

A. Check all boxes that apply: Are you proposing to  remodel  change ownership  change use  increase use or  other? Specify: \_\_\_\_\_

B. Describe the business: \_\_\_\_\_

C. As applicable, indicate the proposed number of:

Tent & Trailer Sites \_\_\_\_\_ Self-contained RV Sites \_\_\_\_\_ Wilderness Camp Sites \_\_\_\_\_  
 Cottages \_\_\_\_\_ Seats \_\_\_\_\_

**Pools/Spas: If you have a public pool or spa included in your establishment, please complete the License Application for Public Pools and Spas; HHE-640.**

5. License Type & Fees: Check (✓) **ONLY ONE BOX** for your proposal:

Campground	CHECK HERE	FEES
Campground – Agricultural Fair		\$270.00
Campground - Wilderness		\$205.00
Campground – Self-Contained RV Only		\$205.00
Campground Tier 1: 5-24 Sites		\$205.00
Campground Tier 2: 25-124 Sites		\$240.00
Campground Tier 3: More Than 124 Sites		\$270.00
Event Camping		\$270.00
Combo Eating and Campground		\$300.00

MISCELLANEOUS FEES	
Reprint License	\$25.00
Late Renewal within 30 days of license expiration date	\$25.00
Late Renewal more than 30 days after expiration date	\$100.00 for 1 <sup>st</sup> offense + \$25 for first 30 days
Additional Inspection	\$100.00
Insufficient Funds	\$25.00

6. Campground Plan:

Is the campground a wilderness campground (non-pressurized water and no central sewers or bathroom facilities) or a conventional campground with pressurized water and sewer/bathroom facilities?

Check one:  wilderness campground  conventional campground  combination  temporary

**If Event Camp Skip to # 7. Event camping means overnight use of areas associated with events lasting four or fewer consecutive nights for 50 or fewer nights in a calendar year. Event camping may include, but is not limited to, race tracks, non-agricultural fairs, festivals, and shows where camping is incidental to the event occurring, and meets the event camping criteria in Section 4 of CH 201: The Rules Relating to the Administration and Enforcement of Establishments Regulated by the Health Inspection Program**

For new campgrounds, submit complete engineering plans drawn to scale and specifications of the proposed park or area showing, when applicable: Location of sites: The number and location of R.V.'s and tenting sites, location of roads, electrical and water hookups, and sewer hook-ups, if any are provided. If the plan is not drawn to scale, the dimensions and setbacks must be clearly labeled. For existing campgrounds, please provide the site plan.

Indicate where dump station(s) are located and the location of restroom facilities including number of toilets, urinals, lavatories, and showers. Also, include the number of any portable toilets for temporary campgrounds, and show their location(s) on the site plan.

The campground site plan must show the location of any drinking water wells within 300 feet of any wastewater disposal systems or fuel storage tanks, and the location of any wastewater disposal systems used on the campground. Refer to the Campground Rules at <http://www.maine.gov/sos/cec/rules/10/chaps10.htm>.

7. Event Camping Information

Drinking water: \_\_\_\_\_  
 Public Utility: \_\_\_\_\_  
 Private Source: \_\_\_\_\_  
 Dug well \_\_\_\_\_  
 Drilled well \_\_\_\_\_

Type of sewage disposal provided:  
 Public Utility: \_\_\_\_\_  
 Private Sewer: \_\_\_\_\_  
 Septic Systems: \_\_\_\_\_  
 Holding Tanks: \_\_\_\_\_

Another source (please explain) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 8. Drinking Water:

- A. Does your water come from a city/town water supply?  Yes  No

If yes, provide the name of the city/town water supplier to which you pay your water bill  
\_\_\_\_\_ and **skip to Item 9**, Wastewater Disposal, on the following page.

**If no, continue:**

- B. Is or was your business regulated by the State Drinking Water Program as a public water system?  
 Yes  No  Don't Know (***If your business uses city/town water you are not a regulated public water system***).
- If yes, provide your Public Water System ID # \_\_\_\_\_ and skip to Item 9, Wastewater Disposal, on the following page.
  - If you checked **Don't know**, contact the Drinking Water Program at 207-287-2070 for assistance. If the Drinking Water Program provides you with PWSID #, enter it here: \_\_\_\_\_ and skip to Item 9
  - If no, continue:
- C. Will your business serve tap water in any of the following forms? Check all which apply.
- Cups/glasses of water.
  - Drinks made on site (soda, lemonade, slush drinks, iced tea, juices, etc.).
  - Ice made onsite.
  - Drinking water fountain.
  - Cups in the restroom or near any sink available to the public.
  - Water used as an ingredient for uncooked foods made onsite. For example, instant gelatin desserts.
  - Other, specify: \_\_\_\_\_
- If you did not check any boxes above and your business was not a regulated public water system in the past, complete the water tests listed in E.1.a & b below and submit water test results with this application. Skip to Item 7, Wastewater Disposal, on the following page.
  - If you did check any boxes above, continue.
- D. Indicate source, or potential source, of water  **Drilled Well**  **Dug Well**  **Surface Water**.

If you checked "Dug Well" or "Surface Water" call the Drinking Water Program at 207-287-2070 and skip to Item 9, Wastewater Disposal, on the following page.

- E. Is the drinking water well an existing well (already drilled?)  Yes  No

**If No, please STOP. Contact the Maine Drinking Water Program at 207-287-2070 for further instructions before drilling the well.**

**If Yes, please provide the following:**

### **E.1 Water Test Results from a Certified Laboratory for the following tests:**

- Total Coliform bacteria, nitrate, and nitrite: samples must be taken within three months before the date this application is received.
- Fluoride, chloride, hardness, antimony, iron, pH, manganese, uranium, arsenic: samples must be taken within one year before the date this application is received. **(Please ensure all tests are included on your water test report to ensure timely processing of your application.)**
- If there are underground fuel storage tanks within 1000 feet of the well, a volatile organics water test (VOC 524) must also be done.
- Additional sampling may be required if known contamination has occurred near the well.  
For a list of Certified Laboratories, see [www.medwp.com](http://www.medwp.com) or call the Maine Drinking Water Program at 207-287-2070.

E.2 A site plan (more detailed map of the well site)

E.3. Drilled well construction information (if known):

Depth \_\_\_\_\_ft. Length of casing \_\_\_\_\_ft. Yield \_\_\_\_\_gal/min.

E.4 A description of the major components in the water system:

Storage (type of tank and size): \_\_\_\_\_

Treatment (type, manufacturer): \_\_\_\_\_

Piping (type, above or below ground): \_\_\_\_\_

E.5 Distance from the well to the nearest point of all leachfields (septic systems) within 300 feet? \_\_\_\_\_(feet). **If less than 300 feet, please stop and contact the Drinking Water Program at 207-287-2070 before submitting this application.**

E.6 Distance from the well to all underground storage tanks within 1000 feet? \_\_\_\_\_(feet). **If less than 1000 feet, please stop and contact the Drinking Water Program at 207-287-2070 before submitting this application.**

E.7 Distance from the well to the nearest property line? \_\_\_\_\_(feet)

E.8 How much land is controlled and/or owned around the well? \_\_\_\_\_(acres)

If you qualify as a public water system (PWS), you will be assessed a fee by the Maine Drinking Water Program on July 1<sup>st</sup> of each year.

## 9. Wastewater Disposal:

Is wastewater disposed to an on-site wastewater disposal system, either proposed or existing?  Yes  No

**If yes, and if this is not for event camping** you must complete the attached "Onsite Wastewater Disposal System – Local Review and Verification Form" (Appendix C) and have your Local Plumbing Inspector verify compliance with the Maine Subsurface Wastewater Disposal Rules, 10-144 CMR 241 (the Rules). The Local Plumbing Inspector must verify that either the existing subsurface wastewater disposal system has the capacity to accept the proposed business or that an expanded system has been designed and approved that meets applicable design requirements found in the Rules. Municipal records for your property should include copies of wastewater disposal system designs completed to date. If the municipality cannot locate a copy of the design(s) please contact The Drinking Water Program at 207-287-7690 to request a search of the State database of disposal system records.

**Demonstration of adequate wastewater disposal system capacity for the use proposed is required prior to licensure by the Health Inspection Program.  
(Event Camping Please Disregard)**

Please visit our website for more information regarding wastewater disposal systems at [www.mainepublichealth.gov/septic-systems](http://www.mainepublichealth.gov/septic-systems) or call us at 207-287-5689 if you have any questions.

**If no**, please provide the name of the city, town or utility district to which you pay your sewer bill, or a copy of an overboard discharge license issued by the Maine Department of Environmental Protection.

Public Sewer Entity: \_\_\_\_\_

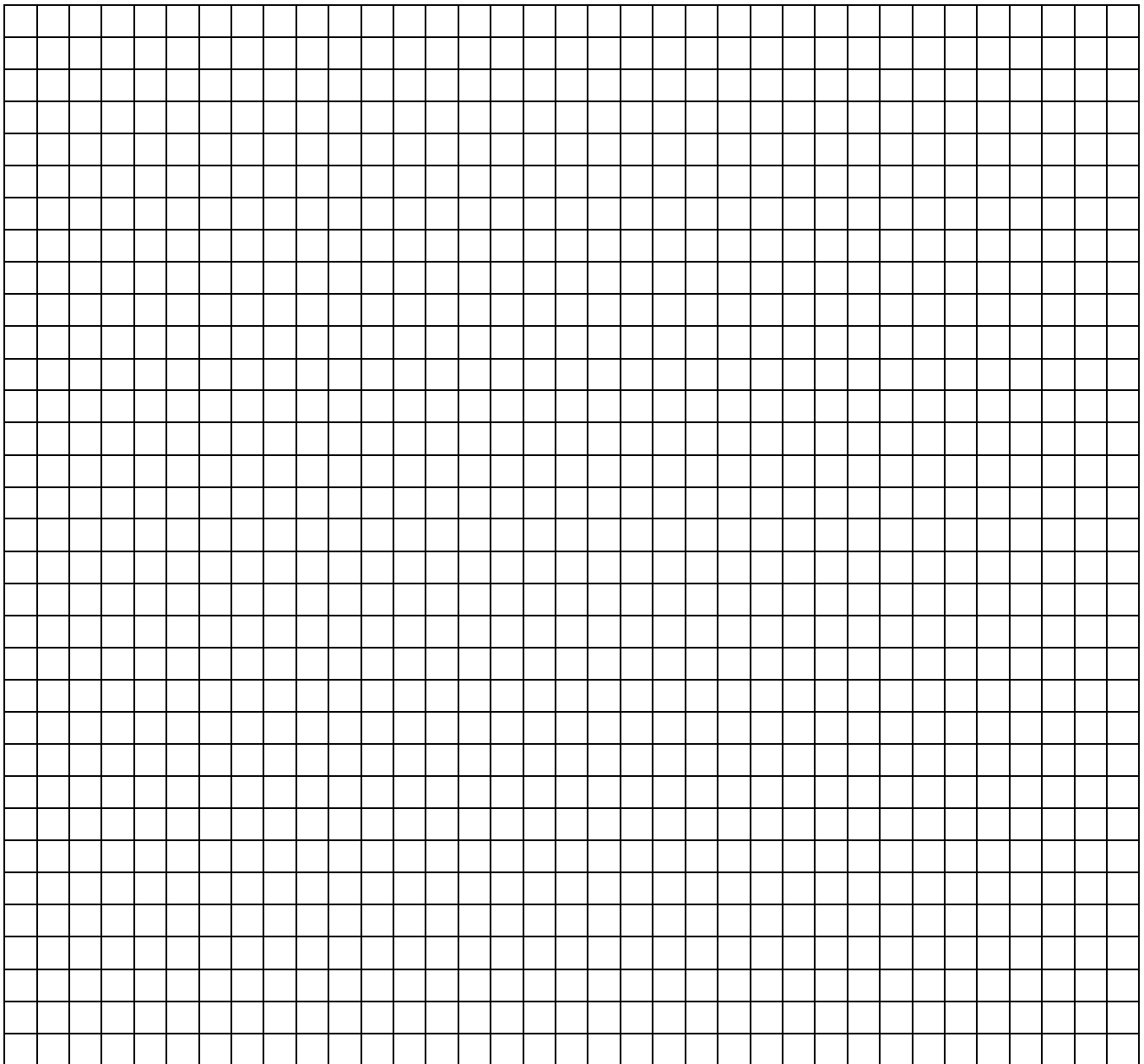
**Numbers 10-12 To be completed only if your applying for a Combo Eating & Campground License**

**10. Menu:**

Attach a copy of your menu, or a draft menu

**11. Kitchen or Food Preparation Area Plan:**

Use this grid or a separate sheet of graph paper to draw a floor plan, or provide a floor plan prepared by a knowledgeable party, for eating place food preparation area(s)/kitchen(s). If the plan is not drawn to scale, the dimensions must be clearly labeled.



The floor plan should include the following items.

Sinks:	Toilet Facilities:	Refrigeration:	Facilities:
1. Hand Washing	1. Water Closets	1. Walk-in Coolers	1. Food Preparation Areas
2. Ware Washing	2. Lavatories	2. Walk-in Freezers	2. Food Storage Areas
3. Utility	3. Urinals	3. Freestanding Coolers	3. Trash/Refuse/Redemption Areas
4. Food Prep	4. Other	4. Freestanding Freezers	4. Dining Areas
5. Dipper Wells		5. Ice Maker	5. Equipment/Counters/Seats/Tables
6. Other		6. Other	6. Dry Storage/All Other Storage



I, \_\_\_\_\_, Owner/Operator of the business, hereby state that this

**PLEASE PRINT NAME CLEARLY**

application is accurate to the best of my knowledge. I further stipulate that I am aware that deliberate falsification of the information herein shall be sufficient cause for denial of a license to operate the business. Discovery of deliberate falsification of information on this application after a license is issued may subject the individual to penalties, fines and other sanctions authorized by licensing statutes and rules, as well as the imposition of any other penalties, fines and sanctions provided by law.

Applicant's Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_

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PLEASE MAIL TO:

**HEALTH INSPECTION PROGRAM  
286 WATER STREET 3<sup>rd</sup> FLOOR  
AUGUSTA ME 04333-0011**



Please refer to the License Type & Fees for specific fees for various licenses on page 2

**MAKE CHECK OR MONEY ORDER PAYABLE TO: TREASURER, STATE OF MAINE  
(Fees are non-refundable.)**

For more information, please refer to our rules <http://www.maine.gov/sos/cec/rules/10/chaps10.htm>  
**Chapter 205: Rules Relating to Campgrounds**

If you have questions, please call the Health Inspection Program at 207-287-5671.

***We wish you remarkable success in your business!***

**Appendix C**  
**Onsite Wastewater Disposal System - Local Review and Verification Form**

This form is to be used by Health Inspection Program license applicants to demonstrate that their facility has adequate **wastewater disposal** system capacity for the use proposed. This form must be presented to the Local Plumbing Inspector of the municipality where the facility is located for review and approval of wastewater disposal system capacity.

**Please include this completed form with your license application.**

**Health Inspection Program**  
**Onsite Wastewater Disposal System Local Review and Approval Form HHE-602**  
**Appendix C**

**To be completed by the Owner/Applicant**

Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Physical Address: \_\_\_\_\_

Facility: [ ] Owner [ ] Operator: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Mailing Address if different from address above: \_\_\_\_\_

1. Check all boxes that apply: Are you proposing  new construction  remodeling  ownership  change  change in use  increased use or  other? Specify: \_\_\_\_\_
2. Please describe the proposed use or proposed change in existing use for this property:
  - a. Prior use as licensed: \_\_\_\_\_ (for example, "a takeout with no seats", "a 40 site campground" or "not previously licensed");
  - b. Proposed use: \_\_\_\_\_ (List number of units for example, "40 seat restaurant", "a 30-unit motel" or "no change in use").
  - c. Are you a new owner of the establishment (please circle)? Yes No

Please have the Local Plumbing Inspector at your town office verify that he/she has reviewed your proposal and has determined that: **A)** the existing wastewater disposal system has the capacity required for your proposal; or, **B)** you have had a new or expanded wastewater disposal system designed, installed and inspected that will meet the requirements for proper wastewater disposal. **Uses that increase wastewater disposal system design flows by more than 25%, including prior unapproved increases, must be installed at the time of expansion or change of ownership as required in Section 9 of the Maine Subsurface Wastewater Disposal Rules.**

**To be completed by the Local Plumbing Inspector:**

**MANDATORY: LPI please write in number of indoor/outdoor seats, rooms, campers and/or sites**

\_\_\_\_\_ SEATS-IN \_\_\_\_\_ SEATS-OUT \_\_\_\_\_ ROOMS \_\_\_\_\_ COTTAGES  
\_\_\_\_\_ CAMPGROUND SITES \_\_\_\_\_ YOUTH CAMP CAMPERS \_\_\_\_\_ YOUTH CAMP  
STAFF

(To request a record search for difficult to find permits please visit [www.mainepublichealth.gov/septic-systems](http://www.mainepublichealth.gov/septic-systems))

I, \_\_\_\_\_, the undersigned, have reviewed the proposal for the subject property and find that the property is either served by an existing wastewater disposal system that meets the design requirements for the proposed use or the applicant has submitted an application for an expanded system design (and installation if required by the Expansion section of the Rules) that meets the design requirements of the Rules and any relevant local ordinances for the proposed use.

LPI Signature \_\_\_\_\_ Date \_\_\_\_\_