



Camp Plan Review Application

BUSINESS AND CONTACT INFORMATION

Facility Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Website: _____

ESTABLISHMENT OWNER:

Name: _____ Company: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Owner Phone: (_____) E-Mail: _____

CONTACT PERSON FOR PLAN STATUS NOTIFICATION:

Contact Person: _____ Contact Phone: (_____)
 Address: _____ City: _____ State: _____ Zip: _____
 E-Mail: _____

CAMP INFORMATION

Type of Camp: Residential Summer Primitive
 Type of Construction: New Construction Remodel Addition If existing, year built: _____

SUBMIT THE FOLLOWING PLANS WITH APPLICATION:

- Topographic map of property showing buildings, equipment, water supply, wastewater disposal and recreational waters.
- Floor plan layout of lodging and food service facilities.

Camp Opening Date: _____ Camp Closing Date: _____

Proposed Number of Campers: _____ Number of Staff: _____

Type of Water Supply: Municipal Well*
 *Must register with Public Water Supply Section

***Application and fee for water samples/inspection of existing well or a well permit must accompany this application.**

Type of Sewage Disposal: Municipal Septic*

***Application and fee for the inspection of existing on-site system or soil evaluation must accompany this application.**

Number of toilets/urinals in toilet facilities: _____ **Show toilet/bathing facilities on site plan**

SOLID WASTE

Designated area for adequate storage of solid waste: Yes No **show on site plan**
 Cleaning facility that has a mixing faucet for hot and cold water: Yes No **show on site plan**
 Contracting with waste management entity: Yes No
 Company Name: _____

Recreational Waters			
Swimming Pools:	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	*Pool permit required
Natural Body of Water:	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	*Approval based on inspection/bact.sampling

CLEANING / SANITIZING	
Laundry facility:	<input type="checkbox"/> Yes <input type="checkbox"/> No show on site plan
Type of sanitizer and test strips used in facility:	
<input type="checkbox"/> Chlorine	<input type="checkbox"/> Quaternary Ammonium <input type="checkbox"/> Iodophor
HAND WASH LAVATORIES	
show on site plan	
Required Locations:	<input type="checkbox"/> Toilet Rooms <input type="checkbox"/> Food Service Areas
STORAGE	
Locations of:	Medicines:
	Cleaning Supplies:
	All other toxic products:
LIGHTING	
Shatterproof or shielded bulbs used in food prep/storage/serving areas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
50 foot candles lighting at work surfaces in kitchens:	<input type="checkbox"/> Yes <input type="checkbox"/> No
10 foot candles lighting in all other storage areas	<input type="checkbox"/> Yes <input type="checkbox"/> No
Finishes	
Finishes / construction material in / on:	Food prep/service counters:
	Lodges/Cabins floors/walls/ceilings
	Toilet rooms floors/walls/ceilings:
	Bathing Facilities floors/walls/ceilings:
	Kitchen floors/walls/ceilings:

FOOD SERVICE

To help with planning for proper food storage and hot water capacities go to the following link for online tools:
<http://ehs.ncpublichealth.com/faf/food/planreview/app.htm>

Check or answer all that apply:

Meal Preparation: On-Site Kitchen* Catered Meals

***provide information on food service equipment and storage**

ATTACH MENU to Application

Location of Dining Area: Designated Dining Area (**show on site plan**)

Other _____

Meals/Snacks Provided: Breakfast Lunch Dinner

Morning Snack Afternoon Snack Evening Snack

Type of utensils used during service: Re-usable Disposable

Will food be taken off-site: (overnight/camping?) Yes No

How will food be kept Hot/Cold? _____

STATEMENT: I hereby certify that the information is correct and I fully understand that any deviation from the information provided without prior permission from Union County Environmental Health may nullify final approval and prevent issuance of permits.

Print Name

Date

WATER HEATING EQUIPMENT

Storage Tank Size: _____

Gallons per hour recovery rate: _____

For water heater use in centers where multi-use articles are used and the center is equipped with dish machine and washing machine, the size of the water should be based on the total gallon per hour (GPH) rating for the number of fixtures requiring hot water. The following worksheet and table may be used as a guide. **(website on previous page can help with this calculation)**

Water Heater Calculation Worksheet				
Description	Quantity	Size (e.g. 14x16x8)		Gallons per hour (GPH) (Table 2, sink volumes)
Domestic Two-comp. sink		X X	=	
Commercial Two-comp. sink		X X	=	
Commercial Three-comp. sink		X X	=	
Hand wash or Lavatory sink		X 2.5 gallons	=	
Food Prep sink Kitchen or infant/toddler		X 10 gallons	=	
Pre-rinse Commercial dishwasher		X 45 gallons	=	
Can wash		X 10 gallons	=	
Domestic Dish Machine		(GPH as per manufacturer) X GPH	=	
Commercial Dish Machine		(GPH as per manufacturer) X GPH	=	
Washing Machine		(GPH as per manufacturer) X GPH	=	
Laundry Tub		(Use 30 GPH as standard) X X	=	
Other Equipment		X Gal per/hr	=	
Total gallons	Per hr @ 140 F or 130F	Required (Sum of 4 th column)	=	

Water Heater Table		
Child Care Centers located in a residence with less than 13 children	Domestic 4.5 Kw electric	40 gallon
	35,000 btu gas	30 gallon
Child Care Centers licensed with 13-29 kids	Domestic 4.5 Kw electric	50 gallon
	45,000 btu gas	40 gallon
Child Care Centers licensed with 30-120 kids	Domestic 4.5 Kw electric	80 gallon
	55,000 btu gas	50 to 75 gallons

Commercial units are designated as NSF, UL or other like third-party certifiers for equipment manufactures.

If two hot water heating units are being used, two separate worksheets should be filled out to determine the total gallons per hour (GPH) required.