



## Lincoln County Environmental Health

115 W. Main Street  
Lincolnton, NC 28092  
PHONE: 704-736-8426

### Camp Plan Review Application

Application for approval to operate a Resident Camp, Summer Camp or Primitive Camp

#### 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: \_\_\_\_\_

#### MISSION STATEMENT

*The Lincoln County Health Department provides quality health services to promote a healthy community.*

#### VISION STATEMENT

*Lincoln County Health Department services will promote healthy lifestyles through prevention, preparedness, and education.*

Type of Water Supply: <input type="checkbox"/> Municipal <input type="checkbox"/> 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: <input type="checkbox"/> Municipal <input type="checkbox"/> 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: _____	<b>Show toilet/bathing facilities on site plan</b>
<b>SOLID WASTE</b>	
Designated area for adequate storage of solid waste:	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>show on site plan</b>
Cleaning facility that has a mixing faucet for hot and cold water:	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>show on site plan</b>
Contracting with waste management entity: Company Name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>RECREATIONAL WATERS</b>		
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

<b>CLEANING / SANITIZING</b>		
Laundry facility: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>show on site plan</b>	
Type of sanitizer and test strips used in facility:		
<input type="checkbox"/> Chlorine	<input type="checkbox"/> Quaternary Ammonium	<input type="checkbox"/> Iodophor
<b>HAND WASH LAVATORIES</b>		
Required Locations:	<input type="checkbox"/> Toilet Rooms <input type="checkbox"/> Food Service Areas	<b>show on site plan</b>
<b>STORAGE</b>		
Locations of:	Medicines:	
	Cleaning Supplies:	
	All other toxic products:	

### LIGHTING

Shatterproof or shielded bulbs used in food prep/storage/serving areas:  Yes  No

50 foot candles lighting at work surfaces in kitchens:  Yes  No

10 foot candles lighting in all other storage areas  Yes  No

### FINISHES

Finishes and or construction material for:	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

\*A foodservice plan review application must be submitted if an on-site kitchen is provided.

\*Request Application through Environmental Health Department 704-736-8426

#### Check or answer all that apply:

Meal Preparation:  On-Site Kitchen\*  Catered Meals

**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 written approval from this Department may nullify final approval and prevent permit issuance:

Applicant/Owner: \_\_\_\_\_ Date: \_\_\_\_\_