



APPLICATION FOR YOUTH CAMP SANITARY SURVEY

Environmental Health www.wicomicohealth.org Phone: 410-546-4446

Sanitary Survey fee: \$200.00

Water collection fee: \$50.00

Cash Credit/Debit Check #: _____ Receipt #: _____

Date: _____

Property ID: _____

New applicant Renewal

Establishment ID: _____

Camp operator: _____

Camp name: _____

Camp address: _____

Mailing address (if different): _____

Phone: _____ Cell: _____ Email: _____

Dates of operation: _____ Camp occupancy: _____

On-site water supply: Individual water supply system
 Public transient non community water supply system
 Public non transient, non community water supply system

Sewage disposal System: Permanent toilets with onsite sewage disposal
 Privy
 Portable Toilets Name of Scavenger: _____

A land evaluation may be required for existing facilities who are requesting an approval for an increase in the number of campers. If it is determined the applicant needs to apply for a land evaluation, there is an additional fee for this process.

NO REFUNDS WILL BE GRANTED ONCE FIELD WORK HAS BEGUN OR AFTER 30 DAYS FROM APPLICATION DATE.

**MAKE CHECKS PAYABLE TO: WICOMICO COUNTY HEALTH DEPARTMENT
108 E. MAIN STREET
SALISBURY, MD 21801**

Applicant signature

Date