

Public *Accommodation* Facilities *Regulations*

Effective April 2006

Appendix S:

Public Accommodation Facility Adjunct Self-Contained Recreational Vehicle (SCRV) Dry Camping Facility Management Plan

*Serving Boulder City, Clark County, Henderson,
Las Vegas, Mesquite and North Las Vegas*



Southern Nevada District Board of Health
625 Shadow Lane | P.O. Box 3902, Las Vegas, NV 89127 | 702.759.1000

**Public Accommodation Facility Adjunct Self-contained Recreational Vehicle (SCR.V)
 Dry Camping Facility Management Plan**

Public Accommodation Facility Name				
Address				
Responsible Person	Name		Title	
Contact Phone Numbers	Office	Desk	Cell	FAX
	E-mail address			
Responsible Person Alternate	Name		Title	
Contact Phone Numbers	office	desk	cell	
Hours of Operation				

FACILITIES

**Please attach a one-page site map giving the basic positioning of all requested items. For water and sewage disposal services that are off site, provide another site map showing the location of those facilities*

① Location of Potable Water Supply

Is the Potable Water Supply located on Facility grounds? Yes No

If No, where is it located? Show its location on a site map. Give a description of the type of inter-facility use agreement you have with that location. Provide a copy of the use agreement, if available.

If Yes, mark its location on the site map. Provide a written description of the physical positioning of the Potable Water Supply in relation to an easily-located landmark on the public accommodation facility grounds. Photos as supplemental documentation are welcome.

Potable Water Supply Type:

Municipal Water Supply

Community Well

Private Well

Regulatory Reference: The potable water supply for each public accommodation facility and adjunct SCR V dry camping facility must be from a source approved by the State of Nevada Division of Environmental Protection, Bureau of Safe Drinking Water and must meet all NRS and NAC 445A requirements.

② Location of Sewage Disposal System (Dump Station)

Is the Dump Station located on Facility grounds? Yes No

If No, where is it located? Show its location on a site map. Give a description of the type of inter-facility use agreement you have with that location. Provide a copy of the use agreement, if available.

If Yes, mark its location on the site map. Provide a written description of the physical positioning of the Dump Station in relation to an easily-located landmark on the public accommodation facility grounds. Photos as supplemental documentation are welcome.

Does the Dump Station meet the requirements of NAC 444.5466? Yes No
(See REFERENCES for content of NAC 444.5466)

Sewage Disposal System Type:

Municipal Sewage Treatment Plant

Individual Sewage Disposal System

Septic Tank Capacity (Total Gal. per Day)

Regulatory Reference: All sewage must be disposed of by means of a public or private sewage disposal system, which is approved by the Health Authority or the State of Nevada Division of Environmental Protection, Bureau of Water Pollution Control, in accordance with NAC 444.750 to 444.8396, inclusive (See REFERENCES for content of NAC 444.750 to 444.8396).

③ Solid Waste Disposal

Approximately how many solid waste containers are available to the SCR V Clients? Fill in the applicable answer:

Number of Dumpsters:

Number of Cans >50 gal.:

Number of Cans <50 gal.:

Please list the locations and types of solid waste receptacles available to SCR V clients. Show their approximate locations on the site map.

★ = dumpster

☒ = >50 gal can

☑ = <50 gal. can

Regulatory Reference: Each facility must have solid waste containers of sufficient number and size to store all the solid waste in a manner that does not exceed the waste containers' capacities until it is removed.

④ Parking Lot Layout

Coinciding with the site map, give a brief written description of the SCR V parking lot location in relation to an easily-located landmark on the public accommodation facility grounds. Photos as supplemental documentation are welcome.

What is the estimated total area and general layout of the area designated for routine use as a dry camping parking area?

What will the anticipated layout of the overall parking area(s) look like? Draw it on the site map. Indicate any areas that are subject to flooding as determined by local flood control authority drainage study approval. See REFERENCES for URL to Clark County Regional Flood Control District website where flood zone status can be determined by address.

What will the anticipated layout of the individual parking spaces look like? Draw it on the site map.

How many spaces are available and how are the spaces marked? What number/lettering system is used?



= Number of spaces available

Range of Space Identifier Numbers :

What are the contingency plans the facility has to accommodate guest overflow or seasonal changes to the size and layout of the parking area?

Please note, verbatim, the information that is found on the facility signage, and the locations throughout the facility where the signs are located. Use additional sheets of paper, if necessary.

Place the following icon on the site map to indicate sign locations.



= sign

Signs will say:

Regulatory Reference: The parking lot layout includes a designated area for SCR V parking only that has clearly delineated spaces, easily read space numbers, and adequate signage positioned at all entrances to the facility that may include directions to the SCR V parking area and clear instructions on the guest check-in process.

⑤ Backup restrooms/bathrooms

Provide a description of the facility's backup plan and restroom/bathroom locations should a SCR V internal water or sewer system fail OR should the facility or other designated water supply or dump station become unavailable.

Please indicate on the site map the locations of the adjunct toileting and washing areas provided by the facility. A pre-printed public accommodation facility map or brochure with the specified restrooms circled would be adequate.

Regulatory Reference: Should the basic functions of water supply and sewage collection and disposal fail on either the SCR V unit itself or the supporting facilities, the facility shall make available to clients toileting and areas supplied with toilets, lavatories, paper towels, toilet paper, and soap for the duration of the failure(s).

Operations

① Registration Process

Describe your facility's check-in, registration and check out policies for the SCR V dry camping facility.

Arrival:

Upon arrival, how do the guests check in? What items are required, such as driver license, credit card, etc.? How are guests who have not properly registered identified and asked to check-in?

Duration of Stay (any limitations?):

Are there any limitations on the amount of time a guest may stay? Please note minimum [how long can they stay on property without being required to check in? (e.g., 24 hours, 36 hours, etc.)] and maximum stays (Once registered, how long can they stay on property?) allowed by the facility.

SCR V and Client Identification Methods:

Note the identification system for registered guests and SCR Vs. Give the procedures for addressing transient, unregistered SCR V units found within the SCR V parking area. Indicate how SCR Vs will be directed to the standard parking lot where parking is provided for those not staying as dry camping guests.

② Facility Staff Responsibilities

Security:

Describe the facility's security plan. Is there a central contact point for Security? If so, mark it on the site map. In the narrative, include duties of Security Personnel, time frames of security sweeps, how unregistered guests will be addressed, how they will interface with other facility departments, etc.

Groundskeeping:

Describe the facility's plan for visually surveying parking lots and the SCR V dry camping spaces for health and safety hazards on a routine basis.

Cleanup Plan:

Provide a copy of the facility's methods for documenting areas requiring cleanup or other attention during the parking lot/camping space survey. This plan could include information on how staff should document any issues, note the necessary corrective action(s) to be taken, and then contact the appropriate department within the facility to complete the work.

Contact with the Health Authority:

Information on the SCR V dry camping facility's administrative policies regarding the circumstances under which the facility would want to contact the Health Authority for assistance (e.g., guests illegally disposing of liquid or solid waste in a manner inconsistent with regulations and the facility's own Management Plan). Who would be the point of contact for the facility and the Health Authority? What communication methods would be employed?

Responsibility for Management Plan Document:

Who, within the dry camping facility's organization, is responsible for submitting any plans for upgrade or changes to the Management Plan document? How often will routine review of the document be conducted? How with upgrades and changes be communicated to the Health Authority for review?

Miscellaneous:

Are there any unique features of your facility's SCR V park or operations that would be important to note? If so, please describe them here:

③ Client Responsibilities/SCRVA Park Rules

If the dry camping facility has client rules that must be followed, please provide a copy of those items and how they are conveyed to the client. An example list may be found below:

Rules and Information such as:

- All SCRVA's must register within two hours of arrival at facility
- All spaces are assigned on a first come first served basis. Special requests will be accommodated when possible
- All vehicles must be completely self-contained.
- Generators must have exhaust diversion extensions directed away from the populated areas
- Generators may not run between 12:00 a.m. and 6:00 a.m.
- Space must be maintained and kept clean at all times. Please place trash in receptacles provided.
- Please keep noise to a minimum between 12:00 a.m. and 6:00 a.m.
- All possessions such as lawn chairs must remain within your designated space.

List facility's Rules and Regulations and Client's Responsibilities below:

I agree that the information provided is accurate to the best of my knowledge. I agree that a revised application will be submitted should there be any substantial changes to Facilities or Operations described herein.

Signature:

Date:

Printed Name: