

N.C. Department of Environment and Natural Resources  
Division of Environmental Health  
Plan Review Unit

Food Establishment Plan Review Application

Type of Construction: NEW \_\_\_\_\_ REMODEL \_\_\_\_\_ Transitional  
Name of Establishment: \_\_\_\_\_  
Address: 8018 Elliott Bridge Rd  
City: Spring Lake Zip Code: 28390 County: HARNETT  
Phone (if available): 910 - 496 - 0570 Fax: \_\_\_\_\_

Owner or Owner's Representative: Hope Adams  
Address: 20 Bonnie Rd  
City & State: Spring Lake NC Zip Code: 28390  
Telephone: 910 - 850 - 8267 Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Applicant: Sherry S Darrigan  
Address: 8484 Elliott Bridge Rd  
City & State: Spring Lake NC Zip Code: 28390  
Telephone: 910 - 496 - 0570 Fax: \_\_\_\_\_  
E-mail Address: LexusFarms@aol.com  
Title (owner, manager, architect, etc.): Manager

I hereby certify that the information in this application is correct, and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.

Signature: Sherry S Darrigan  
(Owner or Responsible Representative)

<b>Hours Operation:</b>						
Sun <sup>4am-10am</sup> 10am-10p	Mon <sup>10am-10p</sup> 10am-10p	Tue <sup>6a-10p</sup> 6a-10p	Wed <sup>6a-10p</sup> 6a-10p	Thu <sup>6a-10p</sup> 6a-10p	Fri <sup>6a-10p</sup> 6a-10p	Sat <sup>6a-2p</sup> 6a-2p
Number of Seats: <u>20</u>						
Number of Staff: <u>4</u> (Maximum per shift)						
Total Square Feet of Facility: <u>4320 sq ft</u>						
Maximum Meals to be Served: (approximate number)		Breakfast <u>20</u>	Lunch <u>100</u>	Dinner <u>30</u>		
Projected Date for Start of Construction: <u>April 15, 2001</u>						
Projected Date for Completion of Project: <u>JUNE 15, 2001</u>						
Type of Service:						(check all that apply)
Sit Down Meals						<input checked="" type="checkbox"/>
Take Out						<input checked="" type="checkbox"/>
Caterer						
Mobile Food Unit						
Push Cart						
Limited Food Service						
Temporary Food Stand						
Other						
Single Service Utensil						<input checked="" type="checkbox"/>
Multi-Use Utensil Service						

<b>Please enclose the following documents</b>
Proposed menu.
Manufacturer specification sheets for each piece of equipment shown on plans.
Site plan showing location of business in building, location of building on site including alleys, streets and location of any outside facility (dumpster, walk-ins, etc.).
Plan of facility drawn to scale showing location of equipment, plumbing, electrical service and mechanical ventilation, including location of all electrical panels.

Item # 12	Source of water supply and method of sewage disposal. The location of these facilities should be shown and evidence submitted that state and local regulations are to be complied with.
Item # 13	Ventilation schedule for each room.
Item # 14	A mop sink with facilities for hanging wet mops and storage of mop buckets.
Item # 15	Garbage can washing area/facility.
Item # 16	Dumpster pad and location.
Item # 17	Grease traps and/or grease interceptor location.
Item # 18	Grease storage containers and storage location.
Item # 19	Cabinets/shelves for storing toxic chemicals.
Item # 20	Dressing rooms, locker area, employee rest area, and/or coat rack as required.
Item # 21	Completed checklist.
Item # 22	Site plan (plot plan)

<b>FOOD PREPARATION REVIEW</b>		
Check categories of Potentially Hazardous Food (PHF) to be handled, prepared and served.	YES	NO
CATEGORY		
Thin meats, poultry, fish, eggs	✓	
Thick meats, whole poultry		
Cold processed foods, salads, sandwiches, vegetables	✓	
Hot processed foods, (Soups, stews, chowders, casseroles)		
Bakery goods, (Pies, custards, creams)	✓	
Other _____		
_____		
_____		

<b>COOKING PROCESS:</b>			
<b>Item # 5</b>	Will food product thermometers (0° - 212° F) be used to measure final cooking/reheating temperatures of PHF? (potentially hazardous food)	<b>YES</b>	<b>NO</b>
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Minimum cooking time and temperature of product utilizing convection and conduction heating equipment:</b>			
PRODUCT	TIME AND TEMPERATURE	PRODUCT	TIME AND TEMPERATURE
Beef roast	130° F (121 min)	Comminuted meats	155° F (15 sec)
Seafood	145° F (15 sec)	Poultry	165° F (15 sec)
Pork	155° F (15 sec)	Other PHF	145° F (15 sec)
Eggs	145° F (15 sec)	* reheating PHF	165° F (15 sec)
List types of cooking equipment. <u>grill, deep fryer, pizza oven, microwave, rotisserie, hotdog steamer</u>			

<b>Item # 6</b>	<b>HOT/COLD HOLDING</b>
How will hot PHF (potentially hazardous food) be maintained at 140° F(60° C) and above during holding for service? Indicate type and number of hot holding units.	
<u>(HEAT) HEAT LAMP . 1 UNIT</u>	
How will cold PHF (potentially hazardous food) be maintained at 45° F(7° C) and below during holding for service? Indicate type and number of cold holding units.	
<u>DELI SANDWICH PREPARATION CENTER (REFRIGERATED UNIT)</u>	
<u>1 UNIT.</u>	
<u>REFRIGERATED DELI CASE . 1 UNIT.</u>	

<b>Item # 7</b>	<b>COOLING:</b>
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Item # 5	How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before mixed and/or assembled? <u>TAKEN FROM FREEZER TO BE THAWED IN REFRIGERATOR AND HELD IN REFRIGERATED COMPARTMENT UNTIL READY TO USE.</u>				
Item # 6	Will produce be washed or rinsed prior to use? <table border="1" style="float: right;"> <tr> <th>YES</th> <th>NO</th> </tr> <tr> <td style="text-align: center;">✓</td> <td></td> </tr> </table>	YES	NO	✓	
YES	NO				
✓					
	Is there an approved location used for washing and/or prepping produce? <table border="1" style="float: right;"> <tr> <th>YES</th> <th>NO</th> </tr> <tr> <td style="text-align: center;">✓</td> <td></td> </tr> </table>	YES	NO	✓	
YES	NO				
✓					
	Please describe prepping procedure and location: <u>PREP SURFACE AND SINK WILL BE CLEANED AND SANITIZED PRIOR TO USE. PRODUCE WILL BE RINSED/WASHED IN APPROPRIATE</u>				
Item # 7	Will fish and seafood products be washed or rinsed prior to use <table border="1" style="float: right;"> <tr> <th>YES</th> <th>NO</th> </tr> <tr> <td></td> <td style="text-align: center;">(N/A)</td> </tr> </table>	YES	NO		(N/A)
YES	NO				
	(N/A)				
	Is there an approved location used for washing and/or prepping produce? <table border="1" style="float: right;"> <tr> <th>YES</th> <th>NO</th> </tr> <tr> <td style="text-align: center;">✓</td> <td></td> </tr> </table>	YES	NO	✓	
YES	NO				
✓					
	Please describe prepping procedure and location: <u>vegetable sink ; rinsing &amp; cutting ; location on plans</u>				
Item # 8	Will fish and seafood products be washed or rinsed prior to use? <table border="1" style="float: right;"> <tr> <th>YES</th> <th>NO</th> </tr> <tr> <td></td> <td style="text-align: center;">✓</td> </tr> </table> (N/A)	YES	NO		✓
YES	NO				
	✓				
	Is there an approved location used for washing and/or prepping produce? <table border="1" style="float: right;"> <tr> <th>YES</th> <th>NO</th> </tr> <tr> <td style="text-align: center;">✓</td> <td></td> </tr> </table>	YES	NO	✓	
YES	NO				
✓					
	Please describe prepping procedure and location: _____ _____ _____				

<b>II. INSECT AND RODENT HARBORAGE</b>				
<b>APPLICANT: Please check appropriate boxes.</b>				
Item # 1	Arc all outside doors self-closing with rodent proof flashing?	YES	NO	N/A
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Item # 2	How is fly protection provided on all outside entrances?	YES	NO	N/A
	A. Screen Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Air Curtain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Item # 3	Do all openable windows have one of the below forms of fly protection?	YES	NO	N/A
	A. Minimum #16 mesh screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	B. Air Curtains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Self Closing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Item # 4	Arc all pipes & electrical conduit chases sealed; ventilation systems exhaust and intakes protected?	YES	NO	N/A
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Item # 5	Is area around premises clear of unnecessary brush, litter, boxes and other vermin harborage?	YES	NO	N/A
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>III. GARBAGE AND REFUSE</b>				
<b>Inside</b>				
Item # 1	Do all containers have lids?	YES	NO	N/A
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Item # 2	Will refuse be stored inside? If so, where _____	YES	NO	N/A
	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Item # 3	Is there a can cleaning facility?	YES	NO	N/A
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item # 11	Describe surface and location where dumpster/compactor/cans are to be stored: <u>GRAVEL. SIDE OF YARD IN REAR OF LOT.</u>		
Item # 12	Type and location of waste cooking grease storage receptacle <u>GREASE TRAPS</u>		
Item # 13	Is there an area to store recycled containers? Describe:	YES	NO
			✓
Item # 14	Location and size of grease trap. <u>1000 GAL IN LINE - SEWAGE</u>		

IV. PLUMBING				
Item # 15	INDIRECT WASTE			DIRECT WASTE
	(Floor Sink)	(Hub Drain)	(Floor Drain)	
Plumbing Fixtures				
Dishwasher				
Garbage grinder				
Ice machines			✓	
Ice storage			✓	
Food Prep Sinks			✓	
Utensil/pot wash			✓	
Handwash			✓	
Steam tables				
Dipper wells				
Refrigeration			✓	
Potato peeler				
Other				
Other				
Other				
Other				

<b>VII. DRESSING ROOMS</b>				
Item # 21	Are separate dressing rooms provided?	YES	NO	N/A
				✓
Item # 22	Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.) <u>THESE ITEMS WILL BE KEPT IN OFFICE FACILITY</u>			

<b>VII. GENERAL</b>			
Item # 23	Are insecticides/rodenticides if used stored separately from cleaning and sanitizing agents? Indicate location: <u>STORAGE ROOM</u>	YES	NO
		✓	
Item # 24	Are all cleaning material and toxicants for use in the premise and retail sale including personal medications stored away from food preparation and storage areas?	YES	NO
		✓	
Item # 25	Are all containers of toxic/cleaning material including sanitizing spray bottles clearly labeled?	YES	NO
		✓	
Item # 26	Are laundry facilities located on premises? If yes, what will be laundered? _____ _____ _____	YES	NO
			✓
Item # 27	Is a laundry dryer available?	YES	NO
			✓
Item # 28	Location of clean linen storage: <u>(N/A)</u>		
Item # 29	Location of dirty linen storage: <u>(N/A)</u>		



Item # 35	<b>What type of sanitizer is used?</b>
	Chlorine ✓
	Iodine
	Quaternary ammonium
	Hot water
	Other

Item # 36	Dishwasher (N/A)	
Item # 36A	Type of sanitization used: Hot water (temp. provided) Booster heater	
Item #36B	Chemical type (N/A) Test Kits	
Item #36C	Is ventilation provided?	YES NO
Item #36D	Do all dish machines have templates with operating instructions?	YES NO (N/A)
Item #36E	Do all dishmachines have temperature/pressure gauges as required that are accurately working?	YES NO (N/A)
Item #36F	Are test papers and/or kits available for checking sanitizer concentration?	YES NO ✓

Item # 37	Is appropriate air drying space available for the air drying of all washed utensils with the use of drainboards, wall or overhead shelves, stationary or portable racks? Please describe type and location: <u>DRAINBOARD WILL BE USED WITH MOUNTED SHELVES OVERHEAD</u>	YES	NO
		✓	

<b>XIII Hot Water Heater</b>	
<b>Note #1</b>	<b>Dishwasher ( ___ gals/hr. FINAL RINSE x 70%)</b>
<b>Note #2</b>	<p><b>Cloth Washer Calculation</b></p> <p><b>A. Limited Use/Cloth washer used one to two times per day; beginning or ending of day operation GPH = 60 GPH x 25%.</b></p> <p><b>B. Intermediate Use/Cloth washer used three to four times per day; GPH = 60 GPH x 45%.</b></p> <p><b>C. Heavy Use/Cloth washer used once every two hours; GPH = 60 GPH x 80%.</b></p> <p><b>D. Continuous Use/Cloth washer used every hour; GPH = 60 GPH x 100%.</b></p>
<b>Note #3</b>	<b>Hose reels @ 20 GPH for first reel &amp; 10 GPH for each additional reel.</b>
<b>Note - GPH Requirements for sink</b>	$GPH = (Sink\ size\ in\ cu.\ in.\ x\ 7.5\ gal./cu.\ ft.\ x\ \# \ compartments\ x\ .75\ capacity) / (1,728\ cu.\ in./cu.\ ft.)$
<b>Short version for above</b>	$GPH = Sink\ size\ in\ cu.\ in.\ X\ \# \ compartments\ x\ .003255/cu.\ in.$ <b>Example 24" x 24" x 14" x 3 compartments x .003255 = 79GPH</b>
<b>Item # 47</b>	<b>Water heater storage capacity. (100 gal Gallons Storage)</b>
<b>Item # 48</b>	<b>Water heater recovery rate in gallons per hour at a 100°F temperature Rise. ( ___ Gallons per hour)</b>

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**STATEMENT:** I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior approval from this Health Regulatory Office may nullify this approval.

Signature(s) *Bonaldine Stewart* *Spenny J Darrigo*

\_\_\_\_\_  
Owner(s) or Responsible Representative(s)

Date: ~~5-05-03~~ 4-27-07

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Approval of these plans and specifications by this Health Regulatory Authority **does not** indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.

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# Proposed Menu

\* Ronald Hope Adams

Biscuits

Ham

Steak Biscuit

Sausage

Toast

Bacon

Bread

Eggs

Grits

Hashbrowns

Omelets

Hamburgers

Bologna

Hotdogs

Pork Chops

FF

Gizzards

Onion Rings

Liver

Chicken

Meatloaf

Fish

Chicken Pastry

Beef Stew

Veg. Soup

Spaghetti

Pizza's

Subs

Salads

Vegetables

Cole slaw

Onions

Chili

Potato Salad