

N.C. Department of Health and Human Services  
Division of Public Health  
Environmental Health Section

Primitive Experience       Resident       Summer Camp

## Advanced Notification for Seasonal Operation

(15A NCAC 18A .3500, .3600, .3700)

### Must be Submitted 45 Days Prior to Opening

Date Submitted: \_\_\_/\_\_\_/\_\_\_

Dates of Operation: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ or  Calendar Schedule Attached

Name of Camp: \_\_\_\_\_

Physical Address of Camp: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Name of Manager/Permittee: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone/Pager # \_\_\_\_\_

Contact Email \_\_\_\_\_

Type of Water Supply:	<input type="checkbox"/> Municipal/Community	<input type="checkbox"/> On-Site
Access to Approved Water Supply:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Required Equipment Operational:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Swimming Pool Permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Field Sanitation: <input type="checkbox"/> Posted at site	<input type="checkbox"/> Available at inspection	<input type="checkbox"/> Does Not Apply
Capacity of camp: _____ campers	_____ staff	

Name of Person completing Form: \_\_\_\_\_

Title \_\_\_\_\_ Signature \_\_\_\_\_

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### Office Use Only

Date of Approval/Permitting: \_\_\_\_\_

Signature: \_\_\_\_\_ EHS # \_\_\_\_\_