

Primitive Experience       Resident       Day 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 Owner/Agency: \_\_\_\_\_

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

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

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

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

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

Type of Water Supply:       Public Water       Private Well

Access to Approved Water Supply:       Yes       No

Required Equipment Operational:       Yes       No

Swimming Pool Permit       Yes       No

Field Sanitation:       Posted at site       Available at inspection       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 # \_\_\_\_\_