Advanced Notification for Operation

Must be Submitted 45 Days Prior to Opening Each Year (15A NCAC 18A .1000, .3600, .3500)

Type of Camp: ☐ Summer Camp ☐ Resident Cam	p Primitive Experience Camp
Date Submitted//	
Dates of Operation/ to//	or Calendar Schedule Attached
Name of Camp:	
Physical Address of Camp:	
City: State: <u>NC</u> Zip:	
Name of the Owner/Agency:	
Billing Address:	
City: State: <u>NC</u> Zip:	
Camp Contact (Name of the responsible person):	
Contact Phone# (Cell# ()	<u>-</u>
Contact Email:	
If Non-Community or Non-Public water supply, what of sampling and inspection?/// Type of wastewater system: Public sewage treatment plant If individual sewage disposal system, permit #:	t ☐ Individual sewage disposal system ☐ DEQ permit or ☐ DHHS permit
Max capacity of the camp: # of campers: # of staff:	
Date:(/), prior to the first date of operation management to ensure that: A. Camp facilities are clean and in good repair. B. Camp kitchen equipment, including required reand operational. C. Camp buildings and permanent sleeping quarte wildlife, and pest harborages. D. The camp is free from conditions which represent	frigeration and dishwashing equipment, is clean rs are free from all bats and other vermin,
Are there swimming pools, wading pools, or water recreation If yes, please list:	attractions at the camp? ☐ Yes ☐ No
Field sanitation: Written procedures available at inspection	n Does not apply.
Name of person completing the form:	Title:
Signature:	
By signing this form, I cartify the information I provided on this	orm is true and correct to the best of my knowledge