

# 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 Camp  Primitive Experience Camp

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

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

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

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

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

Name of the Owner/Agency: \_\_\_\_\_

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

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

Camp Contact (Name of the responsible person): \_\_\_\_\_

Contact Phone# (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Cell# (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

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

Type of water supply:  Municipal/Public Community  Non-Community or Non-Public

If Non-Community or Non-Public water supply, what date will the water supply well(s) be accessible for sampling and inspection? \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of wastewater system:  Public sewage treatment plant  Individual sewage disposal system

If individual sewage disposal system, permit #: \_\_\_\_\_  DEQ permit or  DHHS permit

Max capacity of the camp: # of campers: \_\_\_\_\_ # of staff: \_\_\_\_\_

Date:(\_\_\_\_/\_\_\_\_/\_\_\_\_), prior to the first date of operation, when facilities will be inspected by camp management to ensure that:

- A. Camp facilities are clean and in good repair.
- B. Camp kitchen equipment, including required refrigeration and dishwashing equipment, is clean and operational.
- C. Camp buildings and permanent sleeping quarters are free from all bats and other vermin, wildlife, and pest harborages.
- D. The camp is free from conditions which represent a threat to public health.

Are there swimming pools, wading pools, or water recreation attractions at the camp?  Yes  No

If yes, please list:

Field sanitation:  Written procedures available at inspection  Does not apply.

Name of person completing the form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form, I certify the information I provided on this form is true and correct to the best of my knowledge.