



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 \_\_\_\_\_

### Office Use Only

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

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