

Primitive Experience Resident Day Camp

Advanced Notification for Seasonal Operation

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

Must be Submitted 45 Days Prior to Opening

Dates of Operation: _____ to _____ or Calendar Schedule Attached

Name of Camp: _____

Physical Address of Camp: _____

City: _____ Zip _____ Phone # _____

Name of Owner/Agency: _____

Billing Address: _____

City: _____ State _____ Zip _____ Phone # _____

Contact Name: _____

Contact Phone # _____ Cell Phone/Pager # _____

Contact Email _____

Water System:

Contact Name: _____ Phone: _____

Date Private Well System is ready for testing _____

Type of Water Supply: Public Water Private Well

Access to Approved Water Supply: Yes No

Camp Sanitation:

Required Equipment Operational: Yes No Date when ready: _____

Swimming Pool Permit Yes No Date when ready: _____

Field Sanitation: Posted at site Available at inspection Does Not Apply

Maximum Capacity of camp: _____ campers _____ staff

Name of Person Completing Form: _____

Title _____ Date _____

Office Use Only

Sampling Dates: _____ Date of Approval: _____

Signature: _____ REHS # _____