

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 # _____