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	Camp
Date Submitted			
Dates of Operation	/ to/	_/ or □ Calendar Scheo	dule Attached
Name of Camp:			
Physical Address of	Camp:		
City:	State: <u>NC</u> Zip: _	Phone# ()	-
Name of the Owner/	Agency:		
Billing Address:			
City:	State: <u>NC</u> Zip:	Phone# ()	
Camp Contact (Nam	e of the responsible person):		
Contact Phone# () Cell# () _		
Contact Email:			
If Non-Comn	Municipal/Public Community or Non-Public water supply, water supply, water supply inspection?//	•	
- -	system: Public sewage treatment sewage disposal system, permit #:		·
Max capacity of the	camp: # of campers:	# of staff:	
management to ensur A. Camp B. Camp and op C. Camp wildli	/), prior to the first date of ope re that: of facilities are clean and in good repair whichen equipment, including require perational. obuildings and permanent sleeping quife, and pest harborages. amp is free from conditions which repairs	ir. ed refrigeration and dishwashing equarters are free from all bats and oth	uipment, is clean
Are there swimming If yes, please	g pools, wading pools, or water recreatist:	ation attractions at the camp?	Yes 🗆 No
Field sanitation:	Written procedures available at inspe	ection Does not apply.	
Name of person com	pleting the form:	Title:	
G: -	form, I certify the information I provided on	Data	my knowledge.