

Bladen County Department of Public Health
Environmental Health - (910-862-6852)
Advanced Notification for Seasonal Operation

This application is to be completed and submitted to the Bladen County Department of Public Health . Resident camps that operate six months or less per calendar year and do not offer activities, programs, services or food to the public for pay during the remaining six months shall obtain a seasonal permit for each operating season. (15A NCAC 18A .3600)

- Camps must submit in writing information for a seasonal permit at least **45** days prior to the scheduled opening season
- Applications may be emailed, mailed, faxed, or submitted directly to the Environmental Health Office P.O. Box 189, Elizabethtown, NC 28337 , Fax: 910-862-6932 or dhester@bladenco.org

1. Name of Camp: _____
2. First Date of Operation: [Click here to enter a date.](#) Last Date of Operation: [Click here to enter a date.](#)
Or Calendar Schedule Attached
3. Address of Camp: _____ NC _____
Street City State Zip
4. Name of Responsible Person: _____ Phone: _____
5. Email Address of Responsible Person: _____
6. Name of Camp Owner: _____ Camp Phone: _____
7. Email Address of Camp Owner: _____
8. Camp Mailing Address: _____
Street City State Zip
9. Website of Camp: _____
10. Capacity of Camp: Campers: _____ Staff: _____

Prior to opening, resident camps shall provide to the local health department written documentation that:

1. The equipment needed to maintain required food temperatures is operational, clean and sanitized as required;
 Verified for current year Notify EH in writing when complete
2. All other equipment and utensils are operational, clean and sanitized as required by the rules for resident camps;
 Verified for current year Notify EH in writing when complete
3. Dishmachines, if any, are clean and operating properly; and
 N/A Verified for current year Notify EH in writing when complete
4. Kitchen and lodging facilities are in good repair, clean and free of vermin.
 Verified for current year Notify EH in writing when complete

Type of Water Supply: Public Water Private Well(s) If *more than one well*, number of wells: _____

Resident Camps, water supplies shall be in accordance with 15A NCAC 18A .1700, Rules Governing the Protection of Water Supplies. Bacteria water sample(s) shall be taken prior to opening of the camp by the Health Department. Non-community water supplies shall be listed with the Public Water Supply Section, NC Division of Environmental Quality. <https://deq.nc.gov/about/divisions/water-resources/drinking-water/>

- Swimming Pool Permit: Yes No
Field Sanitation: Posted at Site Available at Inspection Does Not Apply

Name of Person Completing Form: _____
Title: _____ Signature: _____

Health Department Use Only

Review Signature: _____ EHS #: _____ Date: _____

Comments:

For Health Department Use Only

Date Application Received: _____ By: _____

Assigned REHS: _____