

# APPALACHIAN DISTRICT HEALTH DEPARTMENT

## Alleghany County

157 Health Services Rd  
P.O. Box 309 (Mailing)  
Sparta, NC 28675  
336-372-8813 (phone)  
336-372-7793 (fax)

## Ashe County

316 Cherry Dr  
P.O. Box 208 (Mailing)  
Jefferson, NC 28640  
336-246-3356 (phone)  
336-846-1039 (fax)

## Watauga County

126 Poplar Grove Connector  
Boone, NC 28607  
828-264-4995 (phone)  
828-264-4997 (fax)

[www.apphealth.com](http://www.apphealth.com)

## ADVANCED NOTIFICATION FOR SEASONAL OPERATION (15 A NCAC 18A .3500, .3600, .3700)

Primitive Experience Camp

Resident Camp

Day Camp

Date Submitted: \_\_/\_\_/\_\_\_\_

Dates of Operation: \_\_/\_\_/\_\_\_\_ to \_\_/\_\_/\_\_\_\_ or  Calendar Schedule Attached

Name of Camp: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City State Zip

Phone #: \_\_\_\_\_

Name of Owner/Corporation: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street/ P.O Box City State Zip

Contact Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Cell Phone/Pager#: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Water Supply: Public Water  Private Well   
Access to Approved Water Supply: Yes  No   
Required Equipment Operational: Yes  No   
Swimming Pool Permit Obtained: Yes  Not as of this Date  N/A   
Field Sanitation: Posted at Site  Available at inspection  N/A

Capacity of Camp: Campers \_\_\_\_\_ Staff \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

<b>Office Use Only</b>		Revised 12-2013
<b>Date of Approval/Permitting:</b> _____		
<b>Signature:</b> _____	<b>REHS #:</b> _____	