

Complete and return to MassDEP at address below.

**MassDEP Drinking Water Program
Recreational Camps Licensed by Local Boards of Health in 2007***

Please print in black ink

Determine if the camps in your town fit B or C and complete the requested information in each table.

A	City/Town	Date
	Board of Health Contact Person	Phone
	Address	E-mail

The camps listed below are not served by a single public water system registered with MassDEP

B	All camps in our city/town are served by a single public water system (PWS) that is registered with MassDEP.	
	PWS Name	PWS ID
	PWS Name	PWS ID
	PWS Name	PWS ID

C	Camps with their own source of water supply		
	Camp #	Camp name:	Camp phone:
	Camp location/address:		Contact person phone:
	Camp owner's name:		Camp owner's address:
	Maximum number of campers:	Number of staff:	
	Number of days camp is open:	Dates: from	to
	Number of days of pre-open training or startup time:		
	Number of days of post camp closing close-down time:		
Comments:			

C	Camp #	Camp name:	Camp phone:
	Camp location/address:		Contact person phone:
	Camp owner's name:		Camp owner's address:
	Maximum number of campers:	Number of staff:	
	Number of days camp is open:	Dates: from	to
	Number of days of pre-open training or startup time:		
	Number of days of post camp closing close-down time:		
	Comments:		

C	Camp #	Camp name:	Camp phone:
	Camp location/address:		Contact person phone:
	Camp owner's name:		Camp owner's address:
	Maximum number of campers:	Number of staff:	
	Number of days camp is open:	Dates: from	to
	Number of days of pre-open training or startup time:		
	Number of days of post camp closing close-down time:		
	Comments:		

* "Upon the issuance of a license, the local board of health shall notify the Massachusetts Department of Environmental Protection and the Massachusetts Department of Public Health. Said notification shall include the name and address of the camp, the name of the owner, the number of campers and staff, and the number of days per year that the camp will be in operation". 105 CMR 430.000

Return this form by August 6, 2007 to: Department of Environmental Protection; Drinking Water Program – 5th floor; 1 Winter Street; Boston, MA 02108; Attention: WQA/Campgrounds
 You may also email your response to Program.Director-DWP@state.ma.us, Please use subject line: WQA/Campgrounds
 An e-copy of this form can be found at <http://www.mass.gov/dep/water/compliance/boh.htm> .