

Complete and return to MassDEP at address below.

Recreational Camps Licensed by Local Boards of Health\*

*Please print in black ink. Determine if the camps in your town fit B or C and complete the information in each.*

A	City/Town	Date
	Board of Health Contact Person	Phone
	Address	E-mail
B	All camps in our city/town are served by a 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 to: MassDEP - Drinking Water Program – 5<sup>th</sup> floor; 1 Winter Street; Boston, MA 02108; Attention: WQA/Campgrounds. You may also email your response to [Program.Director-DWP@state.ma.us](mailto:Program.Director-DWP@state.ma.us), Subject: WQA/Campgrounds  
An e-copy of this form can be found at <http://www.mass.gov/eea/docs/dep/water/drinking/alpha/i-thru-z/recamp.pdf>