

MassDEP Drinking Water Program

Recreational Camps Licensed by Local Boards of Health*

Determine if the camps in your town fit **B** or **C** and complete the information in *each*.
Complete and return to MassDEP at the address below.

A	City/Town	Date
	Board of Health Contact Person	Phone
	Address	E-mail
All camps in our municipality are served by a MassDEP registered public water system		
B	PWS Name	PWS ID
	PWS Name	PWS ID
	PWS Name	PWS ID

Camps with their own source of water supply			
C	Camp #	Camp name:	Camp phone:
	Camp 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 – 5th floor; 1 Winter Street; Boston, MA 02108**; Attention: WQA/Campgrounds. You may also email your response to Program.Director-DWP@mass.gov, Subject: WQA/Campgrounds.
An e-copy of this form can be found at <https://www.mass.gov/lists/drinking-water-health-safety#boards-of-health->