

ENVIRONMENTAL HEALTH DEPARTMENT

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APPLICATION FOR OPERATING AN ORGANIZED CAMP

APPLICANT	(Name of Organization)	(Phone)	(Fax)
		(Alt. Phone)	(Email)
(Street Address)		(City, State, Zip)	
(Mailing Address)		(City, State, Zip)	
(Billing Address if different)		(City, State, Zip)	
CAMP	(Name)	(Camp Phone)	(Fax)
		(Alt. Phone)	(Email)
(Camp Address)		(City, State, Zip)	
(Camp Director)		(Camp Director Phone)	
Property Owner Name		APN	

CAMP INFORMATION (Check all that apply)

<input type="checkbox"/> Seasonal Camp <input type="checkbox"/> Year-round Camp
<input type="checkbox"/> Food Facility Fill in # of seats _____
<p>SAFE FOOD HANDLING CERTIFICATION The State of California Retail Food Code states that food facilities that prepare, handle, or serve non-prepackaged potentially hazardous food, except temporary food facilities, shall have an owner or employee who has successfully passed an approved and accredited food safety certification examination.</p> <p>Certified Personnel _____ Date of Certification _____</p>
<input type="checkbox"/> Public Pool <input type="checkbox"/> Public Spa
Source of Water Supply: <input type="checkbox"/> Well <input type="checkbox"/> Spring <input type="checkbox"/> Public (List source) _____
Method of Sewage Disposal: <input type="checkbox"/> Septic System <input type="checkbox"/> Public (List source) _____
Are Hazardous Materials used, stored, handled or treated at the above location? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes: Is the volume of any one Hazardous Material stored, handled or treated at the above location in quantities equal to or greater than (check all that apply):
<input type="checkbox"/> 55 gallons of a liquid <input type="checkbox"/> 500 pounds of a solid <input type="checkbox"/> 200 cu ft of compressed gas

Project Contact Information (If different than Owner)	(Name & Relationship to Project)	
	(Address)	(City, State, Zip)
(Phone)	(Fax)	
(Alt. Phone)	(E-Mail)	

EMERGENCY NOTIFICATION

(Contact #1 – Name)	(Day Phone)	(Night Phone)
(Contact #2 – Name)	(Day Phone)	(Night Phone)

OWNER/AGENT’S SIGNATURE

DATE

Notes: _____

Plans submitted to other public agency for water and/or sewer.	
(Name of Agency)	(Signature of Agency Representative)
For Office Use Only	
(Plans Received By)	(Received Date)
(Amount Plan Review Fee)	(Fee Paid Date)
(Plans Approved By)	(Approval Date)
(Facility ID)	(Owner ID)