



Northeast District Department of Health

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www.nddh.org

CAMPGROUND APPLICATION

(Revised 6/25/07)

Name of Establishment: _____		
Address: _____		
Mailing _____	Address _____	(if
different): _____		
City: _____	State: _____	Zip: _____ Phone: _____
Fax: _____	Email Address: _____	

Owner: _____	Phone: _____
Mailing Address _____	
City: _____	State: _____ Zip: _____ Home Ph: _____

Manager: _____

Campground type: Natural _____ Family _____

Season Start Date: _____ **Season End Date:** _____

Water supply: Private _____ Public _____

Sewage Disposal: Septic System _____ Public _____

If private, date of last analysis: _____

If septic, date last pumped: _____

Total Number of camp sites: _____

_____ # of Restricted camp sites

_____ # of Water hook-ups

_____ # of Water/sewer hook-ups

_____ # of Remote sites

Food Service provided: Yes _____ No _____

Bathing facilities: Swimming pool _____ Natural (pond,lake) _____

If swimming pool, please list information on filters, automatic chlorinators, etc.:

Please complete reverse side of application

Sanitary facilities:

Number of flush toilets M _____ F _____

Number of showers M _____ F _____

Number of sinks M _____ F _____

Number of privies M _____ F _____

Sink waste:

Number of individual leaching pits/galleries: _____

Number of sites covered: _____

Sewage waste:

Number of holding tank dumping station(s): _____

Method of pumping or emptying holding tanks: _____

Any changes in the past year?

Name: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

NDDH Office Use Only

Fee: _____ Receipt # _____

Date paid: _____ Check # _____

Permit issued: _____ Sanitarian: _____