



Northeast District Department of Health

69 South Main Street, Unit 4

Brooklyn, CT 06234

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www.nddh.org

CAMPGROUND APPLICATION

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

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

Name of Manager: _____

Type of Campground: Natural _____ Family _____

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

Water Supply: Private _____ Public _____ **Sewage Disposal:** Septic System _____ Public _____

If private, what is the date of last analysis? _____

If septic, what is the date last pumped? _____

Total Number of Camp Sites: _____

_____ # of Restricted camp sites

_____ # of Water hook-ups

_____ # of Water/sewer hook-ups

_____ # of Remote sites

Is food service provided? Yes _____ No _____

Are bathing facilities available? Yes _____ No _____

If yes, what type(s): Swimming Pool _____ Natural (Pond, Lake, Other) _____

If there is a swimming pool, list information about the filters, automatic chlorinators, etc.:

Please complete reverse side of application

Sanitary Facilities:

Number of Flush Toilets: Male _____ Female _____

Number of Showers: Male _____ Female _____

Number of Sinks: Male _____ Female _____

Number of Privies: Male _____ Female _____

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: _____

List any changes made in the past year?

Print Name: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

NDDH Office Use Only

Fee: _____

Receipt # _____

Late Fee: _____

Receipt # _____

Date Paid: _____

Check # _____

Permit Issued: _____

Sanitarian: _____