**Northeast District Department of Health**

***Sanitarian Approved Initial: Date:***

***Emailed:***

**69 South Main Street, Unit 4**

**Brooklyn, CT 06234**

### **Phone - (860) 774-7350 / Fax - (860) 774-1308**

[**www.nddh.org**](http://www.nddh.org)[**email@nddh.org**](mailto:email@nddh.org)

**CAMPGROUND APPLICATION**

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| **Name of Establishment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mailing Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **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: \_\_\_\_**

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| \_\_\_\_\_\_# 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.:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*NDDH Use Only*

*Date: \_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_ CC E-Check Cash Receipt #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date: \_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_ CC E-Check Cash Receipt #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*