



Northeast District Department of Health

69 South Main Street, Unit 4

Brooklyn, CT 06234

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

www.nddh.org

email@nddh.org

Sanitarian Approved

Initial: _____

Date: _____

Emailed: _____

CAMPGROUND APPLICATION

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

Date: _____ Fee: _____ Check # _____ CC E-Check Cash Receipt # _____

Date: _____ Fee: _____ Check # _____ CC E-Check Cash Receipt # _____