



# Northeast District Department of Health

69 South Main Street, Unit 4

Brooklyn, CT 06234

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*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?

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Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<i>NDDH Use Only</i>						
Date: _____	Fee: _____	Check # _____	CC	E-Check	Cash	Receipt # _____
Date: _____	Fee: _____	Check # _____	CC	E-Check	Cash	Receipt # _____