FAMILY CAMPGROUND REGISTRATION FORM 2018-2019

Name of Campground:__________________________________________________________

Location/Address of Campground:________________________________________________

Mailing Address:________________________________________________________________

Town:________________________________________________________________________

Person Responsible for Daily Operation of Campground:

Name:____________________________________  Phone Number:_______________________

Mailing Address:________________________________________________________________

Town:________________________________________________________________________

Email Address: ____________________________  Fax Number: ________________________

Expected Dates of Operation: opening: ___________________ - closing: ___________________

Number of Camping Unit Sites:  Total_____ Tents Only_____  Campers Only_____

Water Supply: Public water service_____ On-site well*_____  
*Is water system registered with the State Health Department?  Yes    No

Sewage Disposal: Public_____ Septic System(s)_____

Women’s  No. of toilets_____  No. of sinks_____  No. of showers_____

Men’s    No. of toilets_____  No. of sinks_____  No. of showers_____

Is there food service on-site?  Yes/No
Please note that any food or beverage service offered, including vending machines, must be operated in accordance with sections 19-13-B40, 19-13-B42 of the Connecticut Public Health Code when applicable and may require separate licenses from the health district.

Swimming Facilities:  POOL _____,   POND/LAKE ____,   OTHER ________,   NONE ____

The Eastern Highlands Health District will contact you to set up an appointment for the annual inspection of the campground facilities to verify compliance with the regulations. Please call 860-429-3325 with any questions.

Mail or deliver completed form with fee of $130 to: Eastern Highlands Health District, 4 S. Eagleville Road, Mansfield, CT 06268