



Eastern Highlands Health District

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321

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