



REGISTRATION FOR CAMPGROUND

Campground Information			Owner/Representative Information		
Name of Campground			Name of Corporation, Organization or Individual		
Contact Person			Contact Person		
Physical Address			Address		
City	State	Zip	City	State	Zip
Mailing Address (if different from above)			Mailing Address (if different from above)		
City	State	Zip	City	State	Zip
Telephone			Telephone		
Email			Email		
Manager On-Site					
Telephone					
Email					
Operating Period:			Operating Hours:		
<input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal *			Days		
* If seasonal provide opening and closing dates:					
Opening Date			Hours		
Closing Date					
Campground Sites					
(Indicate number of each)					
	Quantity			Quantity	
Total # of Campsites:			# of Cabins/Cottages:		
# Bathhouses:			# Sites Rented by the Season:		
# Toilets:			# Sites Rented Weekly:		
# Urinals:			# Sites Rented Daily:		
# Showers:			# Sites with Water/Sewer Hook-Ups:		
# Sinks:			# Site with No Hook-Ups:		

Drinking Water Supply (Indicate source and type in the appropriate box below)		Sewage Disposal (Indicate type in the appropriate boxes below)	
Source	PWSID	Public	
Registered Public Supply		Private Septic System	
Private	Type	System at each campsite	<input type="checkbox"/> Yes * <input type="checkbox"/> No
Dug		* If Yes, How Many	<input type="checkbox"/>
Drilled		Type of system	<input type="checkbox"/> Leaching <input type="checkbox"/> Tank Only
Please submit a copy of the most recent water test (Must be taken within last 3 months)		Sewage dumping station	<input type="checkbox"/> Yes* <input type="checkbox"/> No
		* If Yes, How many	<input type="checkbox"/>

Campground Amenities (Check all that apply)		Section 1		Section 2	
		Food Service (Check all that apply)		Bathing Facilities (Indicate number of each in the appropriate box below)	
Food (See Section 1)		Vending Machine(s)		Type	Quantity
Bathing (See Section 2)		Self-Serve Café		Natural Pond or Lake	
Spa/Massage		Take out		Beach	
Hair Salon		Grocery Store		Swimming Pool	
Nail Salon		Alcoholic Beverages		Wading Pool	
		Dining/Seating		Spa/Whirlpool	
		Food Trucks		Wave Pool	
				Slash/Spray Pad	
				Water Park	
				Other	

Signature	
Owner/Representative Name (please print)	
Owner/Representative Signature	Date

Pertinent Public Health Code Section: 19-13-B97(b)(1): "The management of any family campground organized for profit or otherwise shall register annually in writing with the director of health of the town, borough or city in which such campground is located. Such registration shall describe the campground, its location, the number of campsites, the expected dates of operation and the responsible individual to be contacted for information. Registration shall be made sixty days in advance of opening to allow time for adequate inspection by the director of health or his authorized agent and for necessary improvement."

For District Use Only:	
Fee Paid _____	Fees
Date _____	A non-refundable registration fee of \$100.00.
Cash _____	Make check or money order payable to:
Check/MO _____	Uncas Heath District
Credit Card _____	401 West Thames Street, Suite 106
Receipt No. _____	Norwich, CT 06360

Uncas Health District

401 West Thames Street, Suite 106, Norwich, CT 06360
P 860.823.1189/F 860.887.7898
Email: ofcmgr@uncashd.org
www.uncashd.org