



Connecticut River Area Health District

455 Boston Post Road Suite 7, Old Saybrook, Connecticut 06475

Telephone (860) 661-3300 · FAX (860) 661-3333

ANNUAL REGISTRATION APPLICATION FOR CAMPGROUNDS

(rev: 10/19/16)

Date: _____ Name of Establishment _____

Address of Establishment: _____

_____ Phone # _____

Owner's Name: _____

Address: _____

Manager: _____

Telephone #: _____ Fax# _____

E-mail address: _____

Number of primitive sites: _____ Number of sites with water and sewer: _____

Overnight cabins on site? Yes _____ No _____ If yes, # of cabins: _____

Water Supply: Public Water: _____ Well Water: _____ # of wells _____

(If on Well Water Submit Well Quality Test Results with Registration Application. Well results MUST BE within the last 12 months)

Sewage Disposal: Public Sewers: _____ Septic System(s): _____

of septic tanks: _____ # of holding tanks: _____ # of dumping stations: _____

Name of septic hauling company: _____

Name of solid waste hauling company: _____

(Please include record of most recent pump outs with this form)

Bathing Area on Property? Yes _____ No _____

Food and Beverages Prepared on Premises: Yes _____ No _____

Fee: 0.00 _____

Paid: _____

Please note: CRAHD Family Campground Registration runs from June 1 through May 31 of each year.