



Northeast District Department of Health

69 South Main Street, Unit 4, Brooklyn, CT 06234
Phone: (860) 774-7350 / Fax (860) 774-1308 / www.nddh.org

An Important Notice Regarding Your Permit

To: Campground Owners
From: The Northeast District Department of Health
Date: March 15, 2025
Subject: 2025 Campground Permit Renewal

Permit FEE
\$ 175.00

The Campground permit issued to your establishment by the Northeast District Department of Health (NDDH) has expired and must be updated on a yearly basis.

Please return the following to this office by Tuesday, April 15, 2025:

- A completed **Campground Application**. You may access the application forms and can make payment online at www.nddh.org/formspermits. If you do not have computer access, you may complete the form at our office.
- **Pay the application fee.**
- If the establishment has public water, a copy of the most recent water bill
- If the establishment has a private well, a copy of a current water analysis report. Note that the water sample must have been retrieved by a CT Certified laboratory.
- An up-to-date map with the layout of the campground including the location of:
 - 1) All sites numbered and coded to depict whether the site is supplied with water hookups, black water disposal on the site, gray water disposal on the site, or whether it is a remote site without water or sewage facilities on the site
 - 2) The location and size of any septic tanks or leaching areas, and any black water or gray water dump stations
 - 3) All sanitary facilities, including rest rooms, showers, outhouses, etc.
 - 4) Pool, pond, or any other swimming areas
 - 5) All wells/well pump houses
 - 6) Any other outbuildings, i.e., food stores, snack bars/concession stands, game rooms, laundries, etc.
- Copies of any brochures given to registrants
- Camper registration form
- The [Town of Woodstock](#) requires an NDDH permit approval prior to the issuance of a town permit

We are eager to assist you in complying with the State of Connecticut public health regulations. Upon receipt of all completed documentation, a permit will be issued for your establishment. **Please be sure to provide us with a valid e-mail address, as we will be sending permits electronically.**

All completed documentation and fees must be received or postmarked by Tuesday, April 15, 2025, or your application will be considered late. The cost of a late fee is \$90 and will be added to your permit fee. In addition, a penalty fee of \$12 per NDDH business day with a maximum of \$120 shall be assessed for each day late from April 30th through May 9th inclusive. Please make sure that NDDH receives your application and permit fee prior to opening.

Annual inspections will be conducted throughout the year. Please be aware a re-inspection fee of \$145 will be charged for a failed inspection.

If you have any questions, please feel free to contact us. We look forward to working with you.

Sincerely,
Melissa Nichols, Finance Manager

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www.nddh.org

email@nddh.org

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?

Print Name: _____

Signature: _____ Date: _____

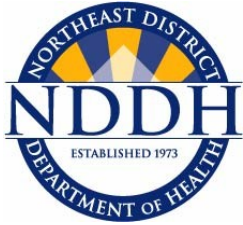
Signature: _____ Date: _____

Signature: _____ Date: _____

NDDH Use Only

Date: _____ Fee: _____ Check # _____ CC E-Check Cash Receipt # _____

Date: _____ Fee: _____ Check # _____ CC E-Check Cash Receipt # _____



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69 South Main Street, Unit 4, Brooklyn, CT 06234
860-774-7350 / Fax 860-774-1308 www.nddh.org

EMERGENCY CONTACT INFORMATION

Water Interruption • Power Outage • Fire • Flood • Contamination • Natural and Man-made Disasters

There are a number of emergencies that can interrupt your establishment. To protect the public, the Northeast District Department of Health (NDDH) must be able to quickly contact decision-makers for your business/organization to provide appropriate guidance. Check our website for regular updates that impact your establishment at <https://www.nddh.org>.

NDDH will conduct periodic tests of our Emergency Notification Systems. You may receive messages by phone, text, fax, or email. Please complete the information below, being sure to fill all fields accurately:

Today's Date: _____

Business/Org Name: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Emergency Contact Name and Title: _____

24/7 Contact #: _____ **Cell Number:** _____

Work Phone: _____ **Fax Number:** _____

Email Address: _____

Alternate Emergency Contact Name and Title: _____

Cell Phone: _____ **Fax Number:** _____

Work Phone: _____ **Home Phone:** _____

Email Address: _____

Is water for your business establishment/organization supplied by:

____ Well

____ Community Water System

Businesses with multiple locations: Please complete a separate form for each location.

NDDH USE ONLY:

Updated - EHS Database: _____ *Excel Data Sheet:* _____ *Initials:* _____

REVISED 12/16/21