



Colchester, East Haddam, East Hampton, Hebron, Marlborough, & Portland

Family Campground Inspection Form-Page 1

NAME OF CAMPGROUND:		INSPECTION DATE:
ADDRESS:	TOWN:	PHONE:
OWNER/OPERATOR:		PHONE:
PERSON RESPONSIBLE FOR DAILY OPERATIONS:		
DATES OF OPERATION:	INSPECTOR:	LAST INSPECTION DATE:
TYPE OF CAMPGROUND: <input type="checkbox"/> FULL SERVICE <input type="checkbox"/> PRIMITIVE CAMPGROUND (PG2) <input type="checkbox"/> SEMI-PRIMITIVE (PG2)		

INSPECTION TYPE:

Annual Inspection Re-Inspection Complaint Pre-Operational Other _____

TOTAL NUMBER OF CAMPING UNIT SITES: _____ **ACRES:** _____

Number with Water Connections: _____ **Number with Water and Sewer/Septic Connections:** _____

WATER SUPPLY:

Municipal Water Onsite Well (Registered with CT DPH Water Supplies YES NO)

SEWAGE DISPOSAL:

Sewers Onsite Septic System (s) Holding Tanks CHD Approved Porta John Other _____

Date of Last Pump: _____ **CT Licensed & CHD Registered Cleaner:** _____

FOOD SERVICE: YES NO **If YES, Licensed with CHD:** YES NO **Last Inspection:** _____

SWIMMING FACILITY: YES NO **If YES Licensed with CHD:** YES NO **Last Inspection:** _____

TYPE: Pool(s) Lake or Pond Other

Inspector shall mark the following items with an "X" under the correct designation according to the Connecticut Regulations of State Agencies Section 19a-2a-29 for Family Campgrounds. The date of correction is specified on Page 2.

C = Comply, DNC = Does Not Comply, N/A = Not Applicable	C	DNC	N/A
A. GENERAL PROVISIONS			
1. Daily camping units registration maintained (Name, date of arrival/departure, address, and motor vehicle ID)			
2. Fire safety rules and phone numbers posted (fire, police, ambulance, hospital)			
3. First Aid Kit (pg2), public telephone & directory			
4. Accident report forms (duplicate) for 1 year			
5. Camping Unit Site ≤ 15/acre or ≤ 25 transient/acre			
B. WATER SUPPLY (Primitive/Semi-Primitive N/A)			
1. Outlets no more than 500' from campsites			
2. Adequate pressure (25 psi) through entire system			
3. Central water stations atmospheric vacuum breakers			
4. Central water stations 25' to sanitary disposal stations			
5. 24" x 24 signs "DRINKING WATER - NOT TO BE USED FOR FLUSHING WASTEWATER STORAGE TANKS"			
6. Seasonally drainage and disinfected prior to service.			
7. DPH approved lab sample absent for total coliform (at seasonal start up)			
8. DPH approved lab sample absent for total coliform (after repair)			
9. Campsite spigot: threaded male end, 12-24" above grade, atmospheric vacuum breaker			

C = Comply, DNC = Does Not Comply, N/A = Not Applicable	C	DNC	N/A
C. SANITARY FACILITIES (Primitive/Semi-Primitive N/A except #7 for Semi-Primitive and #8 for Semi-Primitive/Primitive)			
1. Flush toilets, sinks, showers with hot/cold water			
2. 500' to all campsites without sewer connection and/or storage tank with pump out			
3. Separate Male/Female, marked, screened, self-closing doors, and vented			
4. Smooth, non-absorbent, cleanable materials			
5. Separate shower and toilet stalls			
6. Women's with covered, cleanable, non-absorbent bins			
7. Chemical, non-flush, portable toilets, DOH approved			
8. Sewage disposal approved by DOH			
9. Sanitary Fixtures per Table 1, Page 2			
D. SUBSURFACE SEWAGE DISPOSAL (Primitive/Semi-Primitive N/A)			
1. Approved by CHD, CT DPH and/or DEEP			
E. SANITARY DISPOSAL STATION (Primitive/Semi-Primitive N/A)			
1. 1 per 150 sites without sewer connection or pump-outs			
2. 50' from campsites, easily accessible, 3.5" thick slab			
3. 4" drain, left side (closest to road), foot operated, tightly covered, connected to septic or holding tank			
4. Water tap with annually tested RPD, sign (pg2)			
5. Holding tanks: watertight, alarms, manholes to grade			
6. Mobile pump units: clean and sanitary, spills abated			
7. No Blue Boy holding tanks allowed			

Family Campground Inspection Form-Page 2

C = Comply, DNC = Does Not Comply, N/A = Not Applicable	C	DNC	N/A
F. GENERAL SANITATION			
1. Adequate fly tight, covered, containers for refuse storage and disposal (to prevent vermin or nuisance)			
2. Grounds, buildings and structures maintained to prevent infestation of vermin, pests, and/or wild animals			
3. Proper drainage and elimination of mosquito breeding			
4. Control measures for pests/vermin			
5. No poison ivy in campsites (representative sample)			
6. No safety hazard/nuisance observed at campsites			

First Aid Kit

- (1) Assorted sizes of non-medicated adhesive strips
- (2) Sterile, individually wrapped, three- or four-inch gauze squares
- (3) Two-inch gauze roller bandage
- (4) One roll of adhesive tape (hypoallergenic)
- (5) Scissors and tweezers
- (6) Two instant cold packs
- (7) Thermometer with plastic covers, alcohol wipes, or single use
- (8) Two triangular bandages with safety pins
- (9) Disposable, nonporous, and non-latex gloves
- (10) Current (\leq 5years) first aid manual/guide for children and adults
- (11) Single use CPR mouth barrier (face shield)

Table 1 for Sanitary Fixtures

Camping Unit Sites	Flush Toilets		Urinals	Sinks		Showers	
	Men	Women		Men	Women	Men	Women
0-25	1	1	1	1	1	1	1
26-50	2	3	1	2	2	2	2
51-75	3	4	2	3	3	3	3
76-100	4	5	2	4	4	4	4

24" x 24" sign for Water Tap at Sanitary Disposal System "DANGER, NOT TO BE USED FOR DRINKING OR DOMESTIC PURPOSES"
Primitive campground: no facilities or designated camping unit sites are provided for the comfort or convenience of the campers

Semi-primitive campground: designated camping unit sites are not provided and where some rudimentary facilities (privies and/or fireplaces) may be provided for the comfort and convenience of the campers

Campground Representative: _____ **Signature:** _____

Health District Representative: _____ **Signature:** _____

Correction Date: _____

Outstanding Issues From Last Inspection: _____

Comments: Campsites observed: _____

Revised 1/21/21