



## BOARD OF HEALTH

50 The Common  
Phillipston Ma. 01331  
Tel./Fax. 978-249-1735

### Application for Permit to Operate a Bathing Beach

Date of Application: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
Beach Name: \_\_\_\_\_  
Beach Operator Name: \_\_\_\_\_  
Operator Address and Phone Number: \_\_\_\_\_

Address/Location of Beach: \_\_\_\_\_  
Water Body: \_\_\_\_\_  
Dates of Operation of Beach: From \_\_\_\_\_ to \_\_\_\_\_  
Sampling Frequency (if not weekly, please explain): \_\_\_\_\_

Are Field Data Forms completed in full for each sampling event? \_\_\_\_\_  
Has Board of Health received timely notification of any exceedances/closures? \_\_\_\_\_

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For Board of Health Use Only

Does this beach meet the criteria set forth in 105 CMR 445.000? YES / NO (circle one)  
APPROVED / DENIED (circle one) If Denied, Reason: \_\_\_\_\_

Board of Health Member/Agent: \_\_\_\_\_  
Permit granted on \_\_\_\_\_ and expires on \_\_\_\_\_, pending submittal of a  
renewal application at least 30 days prior to expiration.  
Permit Number: \_\_\_\_\_  
Fee Collected: \_\_\_\_\_