

**SPRINGFIELD HEALTH & HUMAN SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
1145 MAIN STREET, SUITE 114 SPRINGFIELD, MA. 01103
PHONE: 413-787-6740 FAX: 413-787-6458 TTY: 413-7876745**

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? _____

Below is 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: _____

\$100.00 Fee Collected: _____

cc:SS/FR/KM