

Town of East Brookfield

2024 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? _____

ATTACH FEE OF: \$130.00

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: _____

FOR THE EAST BROOKFIELD BOARD OF HEALTH USE ONLY:

Approved By: _____ Title: _____

Date of Approval: _____

PERMIT #: _____

Permit Expiration Date: _____