☐New permit ☐Renewal Fee: $75.00

Town of Williamstown
Board of Health
Application for Permit to Operate a Bathing Beach

Date of Application: _____

Beach Name: _____

Address/Location: _____

Water Body: _____

Operator's Name: _____

Address: _____

Telephone #: _____

E-mail Address: _____

Dates of Operation: From: _____ To: _____

Sampling Frequency (if not weekly, please explain): _____

_____

Are Field Data Forms completed in full for each sampling event? ☐Yes ☐No

Has the Board of Health received timely notification of any exceedences/closures? ☐Yes ☐No

Typed or Printed Name of Applicant: _____

I certify, under the pains and penalties of perjury, that the information provided is, to the best of my knowledge, correct, and that the bathing beach complies with the provisions of ***105 CMR 445.000, Minimum Standards for Bathing Beaches (State Sanitary Code, Chapter VII)***

_____ _____

Signature of Applicant ***Date Signed***

Board of Health Use Only

☐Approved ☐Denied (reason): _____

_____ _____

Signature of Board of Health Member or Agent ***Date Signed***