E:	l ashoba Associated nvironmental Health Se) Central Avenue, Ayer, Ma.	rvice	Health
Ap	Application for Permit to Operate a Semi Public/Public Bathing Beach ** Permit fee: \$110.00** ** See renewal memo to determine if a permit fee is required		
Beach Name:	BEACH OPERATOR		
Body of water of w	which Beach is located on:		
Beach Operator:Telephone #			
Email(s):			
Dates of Operation	:		
#####	#Emergency contact (in the event	the beach needs to	be closed)######
Name:Telep		Telephon	e #
Email(s):			
	BEACH SAMPLING	INFORMATION	
Beach Sampling A	gent (if not the Board of Health – mi	ust be approved prio	r to permitting):
1 0 0			1 0/
		Telephone#	
In addition to the B data:	oard of Health and Department of P Email: Email: Email:	ublic Health, who is	to receive copies of the beach
If you would like m with application.			list of contacts & contact info
Bathroom facilities	<u>GENERAL BEACH</u> (if porta potties, prior approval from		h required): Y N
Lifeguards on dutie	es Y N if so, hours the guar	ds are on duty hours	of operation
Signage available a	t the entrance to the bathing beach f	facilities: Y	Ν
Complete the sket	ch of the beach area on the back o	of this form	
	the regulations and the have com , or Operator's Agent and will be		
Operator/Operato	or's Agent (Signature)		Date:

(978) 772-3335 (800) 427-9762 FAX (978) 772-4947 rev. 07.01.2025

BATHING BEACH SITE INFORMATION

Please provide a sketch of the beach area providing the following information:

- 1.) Entrance point (where signage is located)
- 2.) General layout of the beach area
 - a. Guard towers/lookouts
 - b. Designated swimming areas
 - c. Bathhouse/bathroom location
 - d. Potential source of contaminations
- 3.) Sampling point (greatest bather load)