



# Falmouth Health Department

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## **2019 - Application to Operate a Semi- Public Bathing Beach**

**Fee: \$10.00 – Checks only please**

Common name of the Beach/ Beach Association: \_\_\_\_\_

Water Body - Legal address (map, section, parcel and lot): \_\_\_\_\_

Owner(s) of record: \_\_\_\_\_

Name, address, telephone number and email address of the beach operator: \_\_\_\_\_

Alternate beach operator: \_\_\_\_\_

**(A signed declaration of responsibility for the operation of the beach in conformance with state and local regulations must be provided.)**

The starting and ending dates of the operating season of the beach: \_\_\_\_\_

Sampling frequency and company conducting sampling: \_\_\_\_\_

Has the warning sign that will be used to post at the beach following water quality analyses failures been approved by the Board of Health? Yes \_\_\_ No \_\_\_

Has the operation sign been approved by the Board of Health? Yes \_\_\_ No \_\_\_

I agree to provide the BOH with a timely notification of any exceedances/closures. Yes

Field data forms will be completed for each sampling event. Yes

To the best of my knowledge the beach meets the criteria set forth in 105 CMR 445.000. Yes

**By their signature, the undersigned beach operator and alternate assumes responsibility for operating this beach in conformance with state and local regulations.**

Signature of Beach Operator \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Alt. Beach Operator \_\_\_\_\_ Date: \_\_\_\_\_