



**TOWN OF UXBRIDGE
BOARD OF HEALTH
TOWN HALL
21 SOUTH MAIN STREET
UXBRIDGE, MA 01569
508-278-8600 x 8
boh@uxbridge-ma.gov**

Application for Permit to Operate an Accredited Bathing Beach

Permit Number: _____ Date: _____

Beach Name: _____

Address/Location of Beach: _____

Water Body: _____ Type: PUBLIC or SEMI-PUBLIC

Dates of Operation of Beach: From _____ to _____

Estimated Average Daily Attendance: _____

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? _____

Operator/Owner Information

Owner Name: _____ **Address:** _____

Telephone: _____

Operator Name: _____ **Address:** _____

Telephone: _____

Testing Laboratory Information – Name and Address of Lab to be used for Water Sampling:

Telephone: _____

In accordance with the State Sanitary Code, Chapter VII: Minimum Standards for Bathing Beaches 105 CMR 445.000 (effective 9/18/2009), specifically 105CMR445.30 and 105CMR445.33, I acknowledge the requirement that laboratory testing of water quality shall be conducted prior to the opening of the bathing beach and at least weekly during the bathing season. It is further acknowledged that these results are required to be submitted to the Uxbridge Board of Health and that a coliform count greater than 235 colonies per 100 ml. requires beach closure.