

BATHING BEACH APPLICATION

Annual Fee: \$60.00

DATE _____



*Sutton Municipal Center
4 Uxbridge Road
Sutton, MA. 01590
Telephone (508) 865-8724
Fax (508) 865-8721*

TOWN OF SUTTON Board of Health

Permits are valid for a period not to exceed April 15th through October 15th

Application for a Permit to Operate a Bathing Beach PERMIT # _____

Beach Name _____

Address of Beach _____

Water Body _____

Applicant Name _____ Email: _____

Address: _____ Telephone: _____

Beach Operator Name _____

Beach Operator Address & Phone Number _____

Beach Operator Email Address: _____

Beach Water Testing Company Name: _____

Testing Company Address: _____

Testing Company Telephone #: _____

Dates of Operation of Beach From _____ to _____

Sampling Frequency (If not weekly please explain) _____

WEEKLY BEACH WATER TESTING REPORTS and PROOF OF BEACH CLOSINGS
MANDATORY - EMAIL the beach water testing posting forms/field laboratory data and beach
closings directly to the State: dph-beach@massmail.state.ma.us and to:
j.bater@town.sutton.ma.us

Page 2 Bathing Beach Application

For Board of Health Use Only

Are Field Data forms completed in full for each sampling event? _____

Has Board of Health received timely notification of any exceedances / closures? _____

Does this beach meet the criteria set forth in 105CMR 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.