



Board of Health

Town of Royalston

5 School Street PO Box 102 . Royalston MA. 01368

Tel (978)249-3617

Email: boh@royalston-ma.gov

Fee: \$50

Application for Permit to Operate a Bathing Beach

Date of Application: _____

City/Town: _____

Beach Name: _____

Beach Operator Name: _____

Email: _____

Operator Address and Phone Number: _____

Address/Location of Beach: _____

Water Body: _____

Dates of Operation of Beach: From _____ to _____

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? _____

For Board of Health Use Only

Does this beach meet the criteria set forth in 105 CMR 445.000? YES / NO (circle one)

APPROVED / DENIED (circle one) If Denied, Reason: _____

Board of Health Member/Agent: _____

Permit granted on _____ and expires on _____

Permit Number: _____

All checks must be made payable to the Town of Royalston