



Fee: \$ 50.00

Check # _____

Permit # _____

VALID THRU December 31, 20____

TOWN OF OAKHAM – Board of Health

2 Coldbrook Road
Unit # 8
Oakham, MA 01068

Tel: 508-882-5549 Ext 320
Voicemail is only regularly checked during scheduled BOH meetings

Fax: 508-882-3060 – not monitored (except for during scheduled BOH meetings)

Email: *preferred communication*

BOH@Oakham-MA.gov

usually answered within 24-48 hours (weekdays)

Website: <http://oakham-ma.gov/boards/health.cfm>

Application & Permit to Operate A Bathing Beach

Per 105 CMR 445.00 Minimum Standards for Bathing Beaches

Date of Application: _____

Beach Name: _____

Beach Operator Name: _____

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: _____

I agree to comply with all regulations as stipulated in 105 CMR 445.000.

Applicant/Operator

Date

For Board of Health Use Only

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

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

Board of Health Member/Agent: _____

Date of Permit: _____