**Application for Permit to Operate a Bathing Beach**

Date of Application: April 1, 2016

City/Town: Chilmark MA

Beach Name: Lucy Vincent Beach

Beach Operator Name: Martina Mastromonaco, Beach Superintendent and The Chilmark Beach Committee

Operator Address and Phone Number: 401Middle Road, Chilmark Town Hall. 506-645-2100. (Lucy Vincent Beach Phone Number 508-645-2777.)

Address/Location of Beach: Lucy Vincent Beach Road, Chilmark MA off South Road.

Water Body: South Shore Ocean

Dates of Operation of Beach: From: JUNE 1st to September 15th

Sampling Frequency (if not weekly, please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are Field Data Forms completed in full for each sampling event? YES

Has Board of Health received timely notification of any exceedances/closures? YES (sometimes it is close due to closing time of the lab, the lab has on occasion waited for our re-test sample)

------------------------------------------------------------------------------------------------------------ **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_, pending submittal of a renewal application at least 30 days prior to expiration.

Permit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee Collected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application for Permit to Operate a Bathing Beach**

Date of Application: April 1, 2016

City/Town: Chilmark MA

Beach Name: Menemsha Beach

Beach Operator Name: Martina Masrtomonaco Beach Superintendent, and The Chilmark Beach Committee

Operator Address and Phone Number : 401Middle Road, Chilmark Town Hall. 506-645-2100. (Lucy Vincent Beach Phone Number 508-645-2777.)

Address/Location of Beach: Menemsha Beach End of Dutchers Dock off North Road

Water Body: North Shore

Dates of Operation of Beach: From July 1st to Labor Day

Sampling Frequency (if not weekly, please explain): One sample a month due to a history of good test.

Are Field Data Forms completed in full for each sampling event? YES

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

------------------------------------------------------------------------------------------------------------ **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_, pending submittal of a renewal application at least 30 days prior to expiration.

Permit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee Collected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application for Permit to Operate a Bathing Beach**

Date of Application: April 1, 2016

City/Town: Chilmark MA

Beach Name: Squibnocket Beach

Beach Operator Name: Martina Mastromonaco, Beach Superintendent and The Chilmark Beach Committee

Operator Address and Phone Number: 401Middle Road, Chilmark Town Hall. 506-645-2100. (Lucy Vincent Beach Phone Number 508-645-2777.)

Address/Location of Beach: South Shore off Squibnocket Road off State Road Chilmark

Water Body: South Shore Ocean

Dates of Operation of Beach: From June 15th to Labor Day

Sampling Frequency (if not weekly, please explain): YES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are Field Data Forms completed in full for each sampling event? YES

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

(Sometimes it is close due to closing time of the lab, the lab has on occasion waited for our re-test sample)

------------------------------------------------------------------------------------------------------------ **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_, pending submittal of a renewal application at least 30 days prior to expiration.

Permit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee Collected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_