BATHING BEACH QUESTIONNAIRE

Date: ____________________

Name of Bathing Area: __________________________________________________________

Bathing Area Address: __________________________________________________________
________________________________________________________
________________________________________________________

Phone Number at Beach: _________________________________________________________

Organization Operating Beach: __________________________________________________

Beach Owner/Manager Preferred Mailing Address: _________________________________
____________________________________
____________________________________

Primary Contact Person for Beach: _______________________________________________
(Has Authority to Close the Beach)

Primary Contact Preferred Phone Number: _________________________________________

Primary Contact Alternative Phone Number: _______________________________________

Secondary Contact Person for Beach: _____________________________________________
(In Case Primary Cannot Be Reached in an Emergency)

Secondary Contact Preferred Phone Number: _______________________________________

Secondary Contact Alternative Phone Number: _____________________________________

Main Fax Number: ______________________________________________________________

Email Address: _________________________________________________________________
(Required)

Is There a Food Service Operation At This Facility? _________________________________
If so, Please Describe: _________________________________________________________

Is the Bathing Area Fresh, Salt, or Brackish Water? ________________________________
Is the Beach Public or Private? ____________________________________________________

Approximate Length of Beach? ____________________________________________________

Is There Parking For Beach Users? _________________________________________________

If So, How Many? ________________________________________________________________

Is There a Fee To Use the Beach (Daily, Seasonally, Association Fee)?
______________________________________________________________________________

When is Your Beach Season (Dates)? _______________________________________________

What is the Average Number of Bathers Per Day During Your Beach Season? _____________

What is the Maximum Number of Bathers Per Day During Your Beach Season? ___________

Are There Restrooms Available To Beach Users (How Many of Each)? _________________

Are There Showers Available To Beach Users (How Many of Each)? _________________

Number of Illnesses Associated with the Beach Area Reported Each Year? ________________
(Strictly Confidential)

Gastrointestinal (vomiting, diarrhea): ________________________________
Ear or eye infections: ________________________________
Swimmer’s/Clam digger’s Itch: ________________________________
Other symptoms (please list): ________________________________

Have You Ever Had Your Bathing Waters Tested (By Whom)? __________________________

Is the Beach Near Any Sewage Treatment Plants? ________________________________

Are There Any Sewage Discharge Pipes Located on the Beach (How Many)? ___________

Is There Any Construction or Development in the Nearby Area That Would Impact the Beach?
______________________________________________________________________________
______________________________________________________________________________

Are There Any Other Sources of Contamination That Would Affect the Water Quality (Birds,
Septic Systems, Marinas etc.)? ____________________________________________________

How Would You Describe Water Flow Through the Beach Area (Fast, Medium, Slow)?
______________________________________________________________________________

Comments Please:
______________________________________________________________________________
______________________________________________________________________________