

Sampling Variance Application

Name of beach

Town

The bathing beach regulations (105 CRM 445.000) allow for variances from the required weekly sampling to be issued for beaches that have at least two consecutive bathing seasons of weekly water quality data showing no bacteria exceedances. Variance applications require the completion of a sanitary survey. The Massachusetts Department of Public Health (MDPH) developed these forms to assist beach operators in conducting sanitary surveys of variance-eligible beaches and identifying information relevant for Massachusetts local boards of health (LBOH) when deciding on a new water sampling schedule (less often than weekly but at least monthly).

The sanitary survey must be performed by a professional who then completes Section 1 of this page and submits it, along with the sanitary survey to the LBOH for review. The LBOH reviews these along with any available epidemiological data related to the beach to decide whether the beach will receive a variance. If the LBOH approves the variance request, it determines a new sampling frequency, completes Section 2, and submits copies of the sanitary survey and this form to MDPH for review. MDPH will approve, deny, or modify the variance within 45 days of receipt; otherwise, approval is presumed (105 CMR 445.100 and 445.101).

Section 1 (to be filled out by the professional who performs survey)

I am a Registered Sanitarian, Registered Sanitary Engineer, or Certified Health Officer in the Commonwealth of Massachusetts and hereby submit this sanitary survey in partial fulfillment of requirements for obtaining a variance from weekly sampling under 105 CMR 445.000. In my professional opinion no conditions exist that constitute a risk to the public health for bathing, beyond that of swimming at beaches classified as acceptable under the Massachusetts regulations (105 CMR 445.000).

I have agreed to submit this form by electronic means. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. By typing my name below, I am electronically signing this form.

Name

Professional License No.

Date of Inspection

Date Survey Submitted to BOH

Sampling Variance Application, *continued*

Section 2 (to be filled out by LBOH)

Select one:

Approved



Required Sampling Schedule:

Every two weeks

Monthly

Other

Variance start date

Variance end date

*Variances may last up to
four years.*

Denied



Reason for denial:

I have agreed to submit this form by electronic means. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. By typing my name below, I am electronically signing this form.

Signature of BOH Official

Date

Section 3 (to be filled out by MDPH)

Select one:

Approved



Notes:

Approved
with
modification



Modification:

Denied



Reason for denial:

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Signature of MDPH Official

Date