



Freshwater Bathing Beach Survey Form

Purpose: To enhance communication and coordination of efforts in the event of a Harmful Algal Bloom (HAB) within New Jersey. The Department of Health (DOH), in partnership with the Department of Environmental Protection (DEP)- Bureau of Freshwater & Biological Monitoring (BFWBM), is working to gather information about licensed and or inspected natural public recreational bathing beach waters throughout the state. The data will assist the Department to promptly communicate reported/confirmed HAB activity, provide targeted guidance documents, and conduct surveillance, monitoring and follow-up activities during HAB related events.

Pursuant N.J.A.C. 8:26 -8.9(b), local health authorities (LHA) are **required** to transmitted geometric mean data to the Department weekly during the bathing beach season. This form will provide a mechanism to ensure that LHA's that **license and/or inspect** natural bathing waters are reporting as required.

Whether there is or is not a natural bathing beach in your jurisdiction we are requesting that all jurisdictions complete and submit this form.

Directions: There are four (4) separate sections of the form. Please complete each, in its entirety, for every licensed natural bathing beach located within your jurisdiction. For your convenience, the form has been populated with six (6) Bathing Beach and Beach Contact sections. If you require additional data fields, please either:

- Copy and use pages 3-6 of this form

LHA's that lack a natural bathing beach are **only required** to complete the 'Licensing Health Authority' section. All forms should be forwarded to prb@doh.nj.gov . Please indicate in the subject line of your email the following information:

Ex: name ofyourLHD_EmerCont_3-18-20

Licensing Health Authority Information

Health Department Name:

Business Hours:

Name of Primary Contact:

Position Title:

Phone:

Email:

Secondary Contact:

Position Title:

Phone:

Email:

Preferred Method of Contact (select all that apply)
 Call Email Text

Does your municipality license AND/OR inspect freshwater bathing areas within your jurisdiction? Yes No

(If NO please STOP and forward this form to prb@doh.nj.gov**)**

Bathing Beach Information

Common Name of the Bathing Beach:

Latitude Coord.:

Longitude Coord.:

Physical Address of Beach:

Municipal Jurisdiction:

County:

Exemption Designation:

Specially Exempt Public Recreational Bathing Facility

Provide Lifeguards? Yes No

Non-Specially Exempt Recreational Bathing Facility

Waterbody Name:

Type of Waterbody: Freshwater Marine water

Beach Contact Information

Primary Contact Name:

Position:

Phone:

Email:

Secondary Contact Name:

Position:

Phone:

Email:

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Latitude Coordinates:

Longitude Coordinates:

Physical Address of Beach:

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County:

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Provide Lifeguards? Yes No

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Type of Waterbody: Freshwater Marine water

Beach Contact Information

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Phone:

Email:

Secondary Contact Name:

Position:

Phone:

Email:

Bathing Beach Information

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Latitude Coordinates: Longitude Coordinates:

Physical Address of Beach:

Municipal Jurisdiction:

County:

Exemption Designation:

Specially Exempt Public Recreational Bathing Facility
Provide Lifeguards? Yes No

Non-Specially Exempt Recreational Bathing Facility

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Type of Waterbody: Freshwater Marine water

Beach Contact Information

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Email:

Secondary Contact Name:

Position:

Phone:

Email:

Bathing Beach Information

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Municipal Jurisdiction:

County:

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Provide Lifeguards? Yes No

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