Township of Mahwah

BOARD OF HEALTH
PO BOX 733
MAHWAH, NJ 07430
(201) 529-5757, Opt 2 FAX (201) 529-8013

License No. 2026-_____

Receipt No. _____

Approved by: _____

Mailed by: _____

2026 BATHING BEACH APPLICATION

FEE: $200.00

NAME OF FACILITY_____

ADDRESS_____ **PHONE** _____

METHOD OF DISINFECTION: ☐ **NONE** ☐ **CHLORINE**

☐ **OTHER** _____

DURATION OF SEASON: _____ DAILY HOURS (PRE-SEASON) _____

DAILY HOURS: (MON THRU FRI) _____ (WEEKENDS) _____

LIFEGUARD STAFF: # FULL TIME _____ # PART TIME _____

****

WATERFRONT LIFEGUARD STAFF MUST HAVE NJDOH APPROVED CERTIFICATIONS. Visit:
http://www.state.nj.us/health/ceohs/documents/phss/recognized_cert_list.pdf

MUST ALSO HOLD CURRENT CPR/AED FOR THE PROFESSIONAL RESCUER. PLEASE SUBMIT CERTIFIED LETTERS OF ATTENDANCE AT AN APPROVED COURSE AND CURRENT LIFEGUARD CREDENTIALS FOR LAKE BATHING WITH THIS APPLICATION.

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NAME OF NJDEP CERTIFIED LAB(S) YOU WILL USE FOR PRE-OP AND WEEKLY BATHING WATER AND ANNUAL DRINKING WATER ANALYSIS:

LAB FOR BATHING WATER: _____

LAB FOR DRINKING WATER: _____

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MANAGER/MANGAGING AGENCY: _____

EMAIL: _____

ADDRESS: _____

PHONE _____ CELL _____ FAX _____

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CONTINUED OTHER SIDE →

PUBLIC RECREATIONAL BATHING BEACH APPLICATION – PAGE 2

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NAME OF DESIGNATED ADULT SUPERVISOR: _____

PHONE _____ CELL _____ FAX _____

EMAIL:_____

****

OWNER OF FACILITY: _____

EMAIL:_____

HOME ADDRESS:_____

PHONE _____ CELL _____ FAX _____

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A COMPLETED AND SIGNED PRE-OPERATIONAL CHECKLIST
(CEOH-1) MUST BE SUBMITTED
TO THE MAHWAH HEALTH DEPARTMENT **14 DAYS** PRIOR TO OPENING.

The checklist is available here: https://www.mahwahtwp.org/182/Forms

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Please call the Health Department ASAP to arrange for a pre-operational inspection. License will not be granted until a SATISFACTORY PRE-OPERATIONAL INSPECTION has been conducted AND a BACTERIOLOGICALLY SATISFACTORY WATER REPORT is received from your designated lab.

Satisfactory Electrical inspection must also be obtained before your facility will be permitted to open. Please contact the Mahwah Electrical Inspector's office at 201-529-5757, ext. 233 to schedule.

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The undersigned:

1) Is the owner or authorized agent of the owner.

2) Agrees to operate the Bathing Facility in accordance with the provisions of NJ State Sanitary Code Chapter IX Public Recreational Bathing and Mahwah Board of Health Code Chapter XIII.

3) Understands that the issuance of a Board of Health license does not constitute permission to violate any other Township Ordinance, Rule or Regulation.

_____ _____

Signature of Owner or Authorized Representative **Date**

_____

Print Name