

Engineering Report for Bathing Beaches

NEW YORK STATE DEPARTMENT OF HEALTH
Division of Environmental Protection

Design Compliance with Subpart 6-2,
NYS Sanitary Code

Owner of Beach	Name of Beach	City, Town, Village	County	Date	
(Check one) New Beach <input type="checkbox"/> Change to Existing Beach <input type="checkbox"/> Other <input type="checkbox"/>					
Anticipated Start of Construction Month Day Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Estimated Completion Month Day Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Name and Location of Watershed					
FOR OFFICE USE ONLY					
Code Sect. 6-2.19	Description	Yes	No	N/A	Comments
4.3	1. Bather Use				
	(a) Shallow area + 25 = _____ bathers (less than 4 feet deep)				
4.3	(b) Deep area + 75 = _____ bathers (over 4 feet deep)				
	Total (a) + (b) = _____ bathers				
4.5	2. Bottom Slopes				
	(a) Shallow water area slope _____ (max. 1:10)				
	(b) Deep water area slope _____ (max. 1:3)				
	3. Areas & Area Designations				
4.2	(a) Water body surface area _____ acres				
4.4	(b) Land area available _____ sq. ft. (min. 35 sq. ft./bather)				
4.7.1	(c) Floatline locations				
	Wading area (less than 2 feet deep)				
	Yes _____ No _____				
	Shallow area (3 feet to 4 feet deep)				
	Yes _____ No _____				
	Deep area (over 4 feet) Yes _____ No _____				
	Marker buoys spacing _____ (not greater than 25 feet c/c)				
	Spacing of float _____ (not greater than 5 feet c/c)				
4.8.2	(d) Diving boards/platform _____ feet above water				
	Water depth at end of diving board _____ feet				
	Water depth 12 feet beyond tip of board _____ feet				
	Board length _____ feet				
	4. Water Supply				
5.6	(a) Drinking water source _____				
5.6	(b) Number of drinking fountains _____				
4.2	(c) Dilution water provided Yes _____ No _____ Quantity _____ gpd/bather				
	5. Water Quality				
4.11.3	(a) Water clarity (visible depth) _____ feet				
4.11.1	(b) Bacteriological quality TC _____ FC _____				
4.9	(c) Anticipated water currents _____ ft./sec.				
5.0	6. Bathhouse: (a) Location from beach _____ feet				

Code Sections	Description	Yes	No	N.A.	Comments																																				
	<table border="0"> <tr> <td></td> <td></td> <td style="text-align: center;">Men</td> <td style="text-align: center;">Women</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Number of: Dressing rooms</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Showers</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Lavatory</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Water closet</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Urinals</td> <td style="text-align: center;">___</td> <td style="text-align: center;">XXX</td> <td></td> <td></td> </tr> </table>			Men	Women				Number of: Dressing rooms	___	___				Showers	___	___				Lavatory	___	___				Water closet	___	___				Urinals	___	XXX						
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5.9	(b) Hose bibs with vacuum breakers Yes ___ No ___																																								
5.9	(c) Length of hose ___ feet																																								
4.12.2	7. Electrical																																								
	(a) Overhead wires clearance ___ feet																																								
	(b) Conforms to National Electrical Code Yes ___ No ___																																								
	8. Safety Provisions																																								
6.1	(a) Warning sign size ___ (min. 36 inches x 24 inches) Letter height ___ inches Depth markers provided Yes ___ No ___																																								
6.2	(b) Equipment provided (check) 24 unit first aid kit ___ Spine board ___ Pocket mask ___ Rescue board or boat ___ Patrol boats or offshore stations ___ Rescue tube or torpedo buoy with 6 foot line ___ Rescue can with 500 foot hauling line ___ Life vests ___																																								
6.4	(c) Emergency care room (beaches greater than 500 bather capacity) Potable water ___ Cot or bed ___ Blankets and sheets ___ Advanced first aid supplies ___ Resuscitation equipment ___																																								
6.2.4	(d) Number of elevated lifeguard chairs ___ Location _____																																								
	ATTACHMENTS																																								
3.0	Results of sanitary survey Yes ___ No ___																																								
3.6	Bacteriological test results (8 weeks) Yes ___ No ___																																								
					Reviewed by _____ Date _____																																				

The preceding items of this form are intended to include features pertinent to the design and operation of a beach. The form should be used to supplement the narrative report of the engineer or architect in the transmittal of plans to the health department.

Signature of designing engineer or architect

Address

Professional engineer's or architect's license # (or apply seal)