

**ARKANSAS DEPARTMENT OF HEALTH  
Environmental Health Protection  
Outdoor Bathing Places Sanitary Survey**

Name of Facility		Location	County
Owner/Operator		Contact Phone Number	Inventory I.D. Number SB _____
Peak Bather Load	Bathing Area Will be Operated From _____ To _____	Seasonal or Anticipated Water Level Variations	

Potable Water Source for Swim Beach Facilities

Name \_\_\_\_\_ PWS ID # \_\_\_\_\_

**Potential Sources of Contamination**

Note: All Distances are in Reference to the Outdoor Bathing Area

Source	Yes	No	Number	Distance
1. Streams				
2. Individual Sewage Disposal Systems Malfunction				
3. Animal Enclosures				
Types of Animals Enclosed:				
4. Waste Water Treatment Plants				
5. Storm Drain Outlets				
6. Industrial Outlets				
7. Sanitary Landfill				
8. Open Dumps				
9. Potential High Erosion Areas or High Runoff Areas				

**10. Bathing Area Restrooms**

Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Distance _____	Type of Sewage Disposal <input type="checkbox"/> Leach Field <input type="checkbox"/> Holding Tank	How Often Serviced	By
Spillage from Holding Tank Servicing <input type="checkbox"/> Yes <input type="checkbox"/> Other <input type="checkbox"/> No _____	Sewage Disposal System Adequate Malfunctioning Maintained in Clean and Sanitary Manner <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		Running Water <input type="checkbox"/> Yes <input type="checkbox"/> No	Paper Towels <input type="checkbox"/> Yes <input type="checkbox"/> No
Showers <input type="checkbox"/> Yes <input type="checkbox"/> No				

**11. Marine Toilets**

Commercial Marina Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Distance _____	Dump Station Available at Marina <input type="checkbox"/> Yes <input type="checkbox"/> No	Fee Charged <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No	Evidence of Leaking Sewage at Dump Station <input type="checkbox"/> Yes <input type="checkbox"/> No	How Often Serviced	By
Most boats with restroom facilities use dump station <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Private boat docks with restroom facilities or private boats (not located at commercial marina) with restroom facilities <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Distance _____	<b>12. Other Potential Sources of Contamination Observed During Survey</b>		

Remarks

Layout of Outdoor Bathing Area:  
Please use the back of this form or attach a layout of the outdoor bathing area. All items noted above should be shown.

Sanitarian	Number	Date
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