

US EPA ARCHIVE DOCUMENT



National Health Protection Survey of Beaches—2000 Swimming Season

US EPA ARCHIVE DOCUMENT

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EPA
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Date Completed _____

INTERNET ACCESS

EPA is encouraging respondents to complete this questionnaire electronically on the Internet. If you are completing the hard copy questionnaire, please complete this portion.

- I have Internet access now, but I chose not to use the electronic questionnaire.
- I do not have Internet access.
- I expect to have Internet access within the next year and would prefer to complete next year's questionnaire on the Internet.
- I expect to have Internet access within the next year but would not use it to complete next year's questionnaire.

1. Overall Responsibility

What agency has overall responsibility for the swimming beaches?

Name of agency (no abbreviations please): _____

Did this agency have any designated swimming beaches in 2000?

- Yes (If Yes, complete Questions 1-30 and return the survey in the business reply envelope)
- No (If No, complete Question 2-3 only and return the survey in the business reply envelope)

2. Area

What is your agency's jurisdiction? Please check the one, most inclusive answer.

- | | |
|--|---|
| <input type="checkbox"/> State (entire) | <input type="checkbox"/> Village |
| <input type="checkbox"/> Region within a state (e.g., multiple counties) | <input type="checkbox"/> National park |
| <input type="checkbox"/> District | <input type="checkbox"/> State park |
| <input type="checkbox"/> County or parish | <input type="checkbox"/> County park |
| <input type="checkbox"/> City | <input type="checkbox"/> Other (please describe): _____ |
| <input type="checkbox"/> Town | |

3. Respondent

Please provide the following about the person filling out this form.

First Name: _____ Last Name: _____

Title: _____

Agency: _____

Address: _____

City: _____ County: _____

State: _____ ZIP Code: _____

Phone: _____ - _____ Fax: _____ - _____

E-mail address: _____

4. Contacts

Who is (are) the contact person(s) for technical (monitoring, advisory, and/or closing) information and public inquiries pertaining to these beaches?

Technical (monitoring, advisory, and/or closing) information:

Same as Question 3?

Yes No (Please provide information below)

First Name: _____ Last Name: _____

Title: _____

Agency: _____

Phone: _____ - _____

Public inquiries:

Same as Question 3?

Yes No (Please provide information below)

First Name: _____ Last Name: _____

Title: _____

Agency: _____

Phone: _____ - _____

5. Standards

Have recreational water quality standards for bacteria or other pathogens been established in this area?

Yes No (If No, go to Question 7)

6. Standards Information

Agencies typically use different types of recreational water quality standards (standards based on several samples, instantaneous standards, or preemptive standards). These standards may vary depending on whether they pertain to freshwater or marine water.

Please complete the tables on the following pages for the recreational water quality standards used by your agency:

For freshwater go to page 3

For marine water go to page 4



Freshwater

Indicator	Density per 100 mL	Based on what statistical measure? (e.g., geometric mean)	Based on how many samples? (must be >1)	Taken within what time period? (e.g., 30 days)
Standard Based on Averaging Period: Density of indicator, based on several samples collected during a specific period, above which risk to human health may be considered unacceptable.				
Total coliforms				
Fecal coliforms				
<i>E. coli</i>				
Enterococci				
Other (please specify):				
Instantaneous Standard: Density of indicator, for any single sample, above which risk to human health may be considered unacceptable.				
Total coliforms		[Hatched area]		
Fecal coliforms				
<i>E. coli</i>				
Enterococci				
Other (please specify):				
		[Hatched area]		
Preemptive Standard (inches of rainfall; include depth and duration, if applicable):				
Preemptive Standard (other, such as river flows, presence of debris on beach): _____ _____ _____ _____ _____				

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Marine Water

Indicator	Density per 100 mL	Based on what statistical measure? (e.g., geometric mean)	Based on how many samples? (must be >1)	Taken within what time period? (e.g., 30 days)
Standard Based on Averaging Period: Density of indicator, based on several samples collected during a specific period, above which risk to human health may be considered unacceptable.				
Total coliforms				
Fecal coliforms				
<i>E. coli</i>				
Enterococci				
Other (please specify):				
Instantaneous Standard: Density of indicator, for any single sample, above which risk to human health may be considered unacceptable.				
Total coliforms		[Hatched Area]		
Fecal coliforms				
<i>E. coli</i>				
Enterococci				
Other (please specify):				
		[Hatched Area]		
Preemptive Standard (inches of rainfall; include depth and duration, if applicable):				
Preemptive Standard (other, such as river flows, presence of debris on beach): _____ _____ _____ _____				

**7. Monitoring Program**

A. Has a program of beach water quality monitoring for bacteria or other pathogens been established in this area?

- Yes No (If No, go to Question 10)

B. Approximately how many miles of beach in this jurisdiction were monitored during 2000 (combined total for all beaches)? Please provide a single number, if possible, instead of a range or "<" or ">".

_____ Miles Miles unknown

8. Monitoring Procedures

What is the procedure for reporting the results of the beach water quality monitoring tests?

Check all that apply:

- Provide results to internal agency staff for evaluation
- Provide results to different agency staff for evaluation
- Notify owner/manager/operator/lifeguards of results
- Post results at beach
- Provide results on hotline/water quality information/results phone line
- Have results announced on local radio station
- Have results announced on local TV station
- Publish results in local newspaper
- Post results on the Internet
- Provide results to anyone on request
- Other (please specify): _____

9. Targeted Monitoring

Are beaches with a history of contamination problems or high-use beaches that are suspected of contamination monitored more or less frequently than others?

- More Less About the same Not applicable

10. Advisory/Closing Program

A. Are the beaches in this area covered by an advisory/closing program? (Include bacterial contamination, oil spills, debris, resuspended sediments, algae blooms, or fish kills, but not electrical storms or high winds.)

- Yes No (If No, go to Question 18)

B. Are the advisory and closing programs separate or combined?

- Combined (answer Questions 11-17 where "Combined" is indicated)
- Separate (answer Questions 11-17 where "Advisory Only" and "Closing Only" are indicated)

**11. Advisory/Closing Determination Authority**

What agency has the authority to determine when a beach advisory or closing is needed?

Combined Advisory/Closing or Advisory Only

Name of Agency: _____

First Name: _____ Last Name: _____

Title: _____

Phone: _____ - _____ - _____

Closing Only

Name of Agency: _____

First Name: _____ Last Name: _____

Title: _____

Phone: _____ - _____ - _____

12. Advisory/Closing Determination Procedures

What is the procedure for making an advisory/closing determination for this area?

Please check all that apply:

Combined or

Separate

*Advisory
Only*

*Closing
Only*

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Compare bacterial concentrations with water quality standards to determine whether standards are exceeded |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Perform water quality modeling |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assess risks to potential swimmers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Discuss situation with other agencies |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assess number of complaints of sickness |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Perform a precautionary closing in response to hazardous discharges |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Compare conditions to preemptive closing criteria |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other (please specify): |

Combined _____

Advisory Only _____

Closing Only _____

13. Advisory/Closing Issuance Authority

What agency actually issues the beach advisories or closings?

All information is same as Question 11?

Yes No (If No, please provide information below)

Combined Advisory/Closing or Advisory Only

Name of Agency: _____

First Name: _____ Last Name: _____

Title: _____

Phone: _____ - _____ - _____

Closing Only

Name of Agency: _____

First Name: _____ Last Name: _____

Title: _____

Phone: _____ - _____ - _____



14. Advisory/Closing Issuance Procedures

What is the procedure for issuing beach advisories or closings in this area?

Please check all that apply:

<u>Combined</u>	or	<u>Separate</u>	
		<i>Advisory Only</i>	<i>Closing Only</i>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Provide announcement to internal agency staff
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Provide announcement to other government agency(ies)
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Notify owner/manager/operator/lifeguards of results
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Post advisory or closing at the beach
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Provide results on hotline/water quality information/result phone line
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Have advisory or closing announced on local radio station
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Have advisory or closing announced on local TV station
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Publish advisory or closing in local newspaper
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Post advisory or closing on the Internet
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Physically isolate contaminated area (e.g., block access, fence off area)
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Other (please specify):
<i>Combined</i> _____			
<i>Advisory Only</i> _____			
<i>Closing Only</i> _____			

15. Advisory/Closing Notification

How quickly is the public notified after beach water quality monitoring test results are obtained and an advisory or closing is issued?

<u>Combined</u>	or	<u>Separate</u>	
		<i>Advisory Only</i>	<i>Closing Only</i>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Within 1 hour
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Generally within 24 hours
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Generally within 24–72 hours
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> More than 72 hours later
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Variable

16. Advisory/Closing Reopening Authority

What agency has the authority to reopen a beach or lift an advisory?

All information is same as Question 11?

Yes No (If No, please provide information below)

Combined Advisory/Closing or Advisory Only

Name of Agency: _____

First Name: _____ Last Name: _____

Title: _____

Phone: _____ - _____ - _____

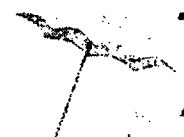
Closing Only

Name of Agency: _____

First Name: _____ Last Name: _____

Title: _____

Phone: _____ - _____ - _____



17. Advisory/Closing Reopening Procedures

What is the procedure for reopening a closed beach or lifting an advisory?

Please check all that apply:

<u>Combined</u>	or	<u>Separate</u>		
		<i>Advisory Only</i>	<i>Closing Only</i>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Resample and compare bacterial concentrations with water quality standards to determine whether levels are below standards
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Assess risks to potential swimmers
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Discuss situation with other agencies
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Assess number of complaints of sickness
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Reopen after a set number of days following rainfall
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Provide announcement to agency staff
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Provide announcement to local government staff
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Notify owner/manager/operator/lifeguards of results
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Post announcement at the beach
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Provide results on hotline/water quality information/result phone line
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Have reopening announced on local radio station
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Have reopening announced on local TV station
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Publish reopening in local newspaper
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Post reopening on the Internet
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Remove physical barriers set when closed
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify):
				<i>Combined</i> _____
				<i>Advisory Only</i> _____
				<i>Closing Only</i> _____

18. Program Cost

What is the annual cost of the beach program in your area? If your monitoring program costs cannot be separated from your advisory/closing program costs, provide the combined costs under "Combined." If your program costs can be separated, provide cost information under "Separate." If the exact amount is known, please include it. If exact costs are unknown, please check ONE of the following choices in the appropriate column(s):

Actual Estimated	<u>Combined</u>	or	<u>Separate</u>		
			<i>Monitoring Only</i>	<i>Advisory and Closing</i>	
	\$ _____		\$ _____	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Less than \$2,500 per year
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$2,500--\$9,999 per year
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$10,000--\$49,999 per year
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$50,000--\$99,999 per year
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$100,000--\$250,000 per year
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	More than \$250,000 per year
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Don't know
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Not available



19. Guidance

What aspects (if any) of your beach protection program are based on formal guidance, either internally developed or issued by some other authority?

Please check all that apply and provide document information, including complete titles, if possible:

Standards

Title _____

Issued by _____

Monitoring

Title _____

Issued by _____

Risk Assessment

Title _____

Issued by _____

Other (please specify) _____

Title _____

Issued by _____

Web Site Availability

If your agency provides information on programs or activities for swimming beaches on an Internet web site, please provide the URL. (A link will be established from EPA's BEACH Watch web site to your web site.)

Agency-related Information (agency operations, water quality standards, and advisories issued)

http:// _____

Monitoring Data (water quality and pathogen indicator measurements)

http:// _____

General and Tourist-related Information (such as maps, photographs, and daily beach operations)

http:// _____

Real-Time Monitoring/Advisory and Closing Information

http:// _____

GIS Data or Coverage Availability

Does your agency or another agency have a mapping program that identifies the location(s) of beach(es) in your agency's jurisdiction? (If Yes, please provide information below)

Yes No

Name of Agency : _____

Contact First Name: _____

Contact Last Name: _____

Phone: _____ E-mail: _____





Section 2: Beach-Specific Information

Please fill in the following information for each beach within your jurisdiction. Each page should represent one beach location. Make additional copies of pages 11-13 to write the answers for each beach. (Note: Responses pertain to the 2000 swimming season.)

Name of Beach _____ County _____
Nearest City or Town _____ Date Completed _____

20

A. Beach location

Name of waterbody _____
(for example: Atlantic Ocean, San Francisco Bay, Jones River)

Please choose one box to describe the location of your beach.

- A. [] Atlantic Ocean - Open Coast
[] Atlantic Ocean - Sound, Bay, or Inlet
[] Pacific Ocean - Open Coast
[] Pacific Ocean - Sound, Bay, or Inlet
[] Gulf of Mexico - Open Coast
[] Gulf of Mexico - Sound, Bay, or Inlet
[] Great Lakes - Open Coast
[] Great Lakes - Sound, Bay, or Inlet
[] Inland Waterbody - River or Stream
[] Inland Waterbody - Lake
[] Inland Waterbody - Pond
[] Other, please specify _____

B. Type of water

- B. [] Freshwater [] Estuarine [] Saltwater

C. Length of beach

- C. _____ Miles [] Miles unknown

D. Latitude and longitude (if known)

- D. Latitude _____° _____' _____" N or _____° N
Longitude _____° _____' _____" W or _____° W

E. Public/private beach?

- E. [] Public [] Private [] Both (public and private)

21

A. Approximately how many people (on average) would you estimate use this beach per day?

A. Use the categories to indicate your estimate for each of the following times of year. Choose one from:

- (A) less than 100 (C) 500-999 (E) More than 10,000
(B) 100-499 (D) 1,000-9,999 (F) Don't know

Weekday: During the peak season _____ During other seasons _____

Weekend Day: During the peak season _____ During other seasons _____

Holiday Day: During the peak season _____ During other seasons _____

B. What percentage of people who use this beach go into the water (e.g., swimming, sportfishing)? If unknown, is there another source for this information?

- B. _____ % go into the water. [] Unknown

Source _____

22

Are there any sources of pollution that are in the vicinity of this beach or might affect the beach?

- [] Yes [] No (If No or Unknown, go to Question 24)
[] Unknown

23

What sources of pollution might affect this beach?

Select all that apply from the following list:

- [] Combined sewer overflow (CSO) [] Boat discharges
[] Sanitary sewer overflow (SSO) [] Storm water
[] Publicly owned treatment works (POTW) [] Runoff
[] Septic systems [] Wildlife
[] Break in pipes [] Unknown
[] Other (please specify) _____

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24 Is beach water quality monitoring for bacteria or other pathogens performed at this beach? If Yes, how many miles of beach are monitored?

- Yes Number of miles: _____
 Miles unknown
 No (If No, go to Question 28)

25 A. Who performs the water quality monitoring for this beach?

- A. Select ONE from the following list:
- | | |
|--|--|
| <input type="checkbox"/> This agency | <input type="checkbox"/> Outside laboratory |
| <input type="checkbox"/> Another agency | <input type="checkbox"/> Citizens |
| <input type="checkbox"/> Contractor for agency | <input type="checkbox"/> Other (please specify): _____ |

If response is not "This agency," please specify name and/or agency and address:

B. May a beach be closed based on citizens' monitoring of beach water quality?

- B. Yes No

26 A. How frequently are samples collected at this beach for analysis of bacterial densities during the swimming season?

- A. Select ONE from the following list:
- | | |
|---|---|
| <input type="checkbox"/> Once a month | <input type="checkbox"/> Twice a week |
| <input type="checkbox"/> Once every two weeks | <input type="checkbox"/> Three or more times a week |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> Daily |
| <input type="checkbox"/> Other (please specify) _____ | |

B. Based on the water quality standards for this beach, how many times were criteria exceeded during the 2000 swimming season?

B. _____ times

C. Number of months in the swimming season:

C. _____ months

27 If the bacterial testing results indicate that applicable bacterial standards are exceeded, is the beach closed or an advisory issued?

- Yes No Usually
 Sometimes, depending on the circumstances (please specify)

28 A. Was this beach closed for the entire year of 2000 as a result of pollution?

- A. Yes No

B. If yes, what is the frequency of monitoring?

- B. Select ONE from the following list:
- | | |
|---|---|
| <input type="checkbox"/> Once a month | <input type="checkbox"/> Twice a week |
| <input type="checkbox"/> Once every two weeks | <input type="checkbox"/> Three or more times a week |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> Daily |
| <input type="checkbox"/> Other (please specify) _____ | |

C. Was this beach closed for the entire year of 2000 as a result of high water or insufficient funds?

- C. Yes No
If Yes, please specify: _____

D. What programs are under way to improve conditions at the beach ?

D. Please describe programs: _____

29 Was an advisory or closing issued for this beach during 2000?

- Yes No

If No, you are done with the questions for this beach. Start a new sheet to answer questions for another beach. If there are no other beaches in your jurisdiction, you have finished this questionnaire.

If Yes, continue to Question 30.



Burden Statement

The public reporting and recordkeeping burden for this collection of information is estimated to average 2.4 hours per response annually. Burden means total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. For this survey, the burden includes the time needed to review instructions, make copies of the beach-specific questions and Answer Table for each beach, gather the information needed to complete the questionnaire, fill in the answers to the questions, and mail the questionnaire back to EPA. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations are listed in 40 CFR Part 9 and 48 CFR Chapter 15.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques, to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street, NW, Washington, DC 20503, Attention: Desk officer for EPA. Include the EPA ICR number and OMB control number in any correspondence. Do not send the completed survey to this address.

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