



Board of Health  
459 Main Street, Medfield, MA 02052

## APPLICATION FOR SITE EVALUATION

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Deep Hole \_\_\_\_\_, Groundwater \_\_\_\_\_, and/or Percolation Test \_\_\_\_\_

Application Fee: \$110.00 per site

Permit No.: \_\_\_\_\_

Address of Property: \_\_\_\_\_ Map /Parcel ID: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Engineer: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Excavator: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Attach a plot plan showing the following information:**

- \_\_\_\_\_ 1. Plot plan of property drawn to scale (8½" x 11")
- \_\_\_\_\_ 2. Proposed location(s) of testing
- \_\_\_\_\_ 3. Wetlands, watercourses and drains within 150 feet
- \_\_\_\_\_ 4. Distance to nearest intersecting street
- \_\_\_\_\_ 5. Any private wells within 150 feet, public wells within 400 feet
- \_\_\_\_\_ 6. A copy of the application shall be forwarded to the Conservation Commission

\_\_\_\_\_  
Property Owner/Applicant

\_\_\_\_\_  
Date

**Permit Application Received:**

Date of soil test: \_\_\_\_\_

Time of soil test \_\_\_\_\_ am / pm



**MA WETLANDS  
PROTECTION ACT  
and the  
MEDFIELD WETLANDS  
BYLAW**

Any and all work within the one hundred (100) foot buffer zone of a wetlands resource area or within two hundred (200) feet of a river must file for a:

**Request for Determination of  
Applicability  
or a  
Notice of Intent**

with the Conservation Commission.