



Board of Health
459 Main Street, Medfield, MA 02052

APPLICATION FOR SITE EVALUATION

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.