

**TOWN OF HOLLISTON - BOARD OF HEALTH
APPLICATION FOR SITE EVALUATION****

Date Received _____
Application Fee Paid _____

IMPORTANT – IF ANY TEST HOLE WORK OR ACCESS TO THE TEST HOLE AREA IS TO BE WITHIN 100 FEET OF ANY WETLAND or WITHIN 200 FEET OF A PERENNIAL WATERCOURSE, THE SOIL EVALUATOR MUST CONTACT THE CONSERVATION COMMISSION PRIOR TO ANY WORK TO SEE IF THERE ARE ANY REQUIREMENTS THAT MUST BE FOLLOWED.

New () Upgrade () Deep Hole () GW () and/or Percolation Tests () **check all that apply**

Applicant Name _____ Date _____

Applicant Address _____ Zip Code _____

Applicant Telephone No. (_____) _____ - _____

Individual Soil Evaluator and/or Firm to be contacted to arrange test date:

Name: _____ Telephone No. (_____) _____ - _____

LOCATION OF TESTING:

Street Address _____ Lot #. _____

Assessors Map No. _____ Block No. _____ Lot No. _____

Attached is a SITE PLAN showing:

- | | | |
|----|---|-------|
| 1. | Plot plan of property drawn to scale (8 ½ x 11) | _____ |
| 2. | Proposed location of testing | _____ |
| 3. | Wetlands, watercourses and drains within 150 ft. (1) | _____ |
| 4. | Distance to nearest intersecting street | _____ |
| 5. | Any wells within 150 ft.
(within 400 ft. if public water supply) | _____ |
| 6. | Any perennial watercourses within 200 ft. | _____ |
| 7. | Access route | _____ |

(indicate N/A if none)

Name _____ Signed _____
Type or print Owner of property

Address _____ Zip Code _____

****INCOMPLETE APPLICATIONS WHICH DO NOT INCLUDE ALL INFORMATION REQUESTED WILL NOT BE ACCEPTED AND WILL BE RETURNED TO THE APPLICANT****

TEST DATE: _____
(to be completed by the Board of Health)