

Holliston Board of Health
Application for Site Evaluation

Date Received_____

Application Fee Paid_____

Important ó 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.

Check all that apply: New () Upgrade () Deep Hole () GW () and/or Percolation Tests ()

Applicant: Name_____ Email_____

Address _____ Phone _____

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

Name _____ Email_____

Address _____ Phone _____

Location of Testing:

Street Address_____ Lot #_____

Assessors Map #_____ Block #_____ Lot #_____

Site Plan attached showing (**indicate “N/A” if none**):

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. _____
4. Distance to nearest intersecting street _____
5. Any wells within 150 ft. _____
6. Within 400 ft. of public water supply _____
7. Any perennial watercourses within 200 ft. _____
8. Access route _____

Owner: Name_____ **Signature**_____

Type or print

Owner of property

Address _____ Phone _____

Test Date:_____

(to be completed by the Board of Health)