WRENTHAM
BOARD OF HEALTH
79 South Street, Wrentham, MA. 02093
APPLICATION FOR SITE EVALUATION

Date Received: __________________ Application Number: __________________

Applicant’s Name:

Applicant’s Address:

Applicant’s Telephone: __________ Applicant’s Email: __________

Individual and Firm to be contacted to arrange test date:

Name: ____________________________

Firm Name: __________________________

Telephone: __________ Email: __________

LOCATION OF TESTING:

Street Address: ____________________ Lot Number: ____________________

Assessor’s Map Number: __________ Block Number: __________ Lot Number: __________

Attached is a Plot Plan showing:
1. Plot plan of property drawn to scale (8 1/2 by 11)
2. Proposed location of testing
3. Wetlands, watercourses and drains within 150 feet
4. Distance to nearest intersecting street
5. Any wells within 150 feet, within 400 feet if public water supply.  □Yes, there are wells within these limits  □No, there are no wells within these limits

Signed: ____________________________ Date: ____________________________

Owner of Property