



**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 ½ 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