



# Town of Norfolk Board of Health

1 Liberty Lane  
Norfolk, MA 02056

Upgrade & New Const:  
\$200/Lot, plus \$25  
Non-Refund. Admin.  
Fee (payable by  
separate check)

Received: \_\_\_\_\_  
Permit#: \_\_\_\_\_

## APPLICATION FOR SITE EVALUATION\*\* Deep Hole[ ], GW[ ], and/or Percolation Tests[ ] (Check all that apply)

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Telephone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Engineer and/or Firm to be contacted to arrange test date:

Name: \_\_\_\_\_ Telephone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### LOCATION OF TESTING:

Street Address: \_\_\_\_\_ Lot No: \_\_\_\_\_

Assessor's Map No: \_\_\_\_\_ Block No: \_\_\_\_\_ Lot No: \_\_\_\_\_

Reason for testing: Upgrade \_\_\_\_\_ New Construction \_\_\_\_\_

Attached is a **PLOT PLAN** showing:

1. Plot plan of property drawn to scale (8 1/2 x 11) \_\_\_\_\_
2. Proposed location of testing \_\_\_\_\_
3. Wetlands, watercourses, and drains within 150'\* \_\_\_\_\_
4. Distance to nearest intersecting street \_\_\_\_\_
5. Any wells within 150'\* \_\_\_\_\_

(\*Indicate N/A if none)

Signed: \_\_\_\_\_

(Owner of Property)

Name: \_\_\_\_\_

(Type or Print)

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_\_\_\_

Test Date: \_\_\_\_\_