



TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS

*Medway Town Hall
155 Village Street
Medway, MA 02053
Phone (508) 533-3206*

BOARD OF HEALTH
Site Evaluation Application

Date: _____

Type of Application- check all that apply: ☐ New ☐ Upgrade ☐ Deep Hole ☐ GW ☐ Perc Test

Applicant:

Name: _____ Phone: _____

Address: _____ Email: _____

Location of Testing:

Street Address: _____

Assessors Map # _____ Block# _____ Lot# _____

Property Owner:

Name: _____ Phone: _____

Address: _____ Email: _____

Soil Evaluator:

Name: _____ Phone: _____

Address: _____ Email: _____

Please submit the following:

- Completed Site Evaluation Application. Incomplete applications and missing documents may delay the review and permitting process.
- Permit Fee- \$250- Make check payable to "Town of Medway"
- Submit a sketch of property showing proposed testing location(s) and any well within 150 feet of testing location(s).

Proposed Date(s) of Evaluation: _____ Times: _____

Applicant Signature: _____ Print: _____

Test Date: _____ *(to be completed by Health Director)*