

**TOWN OF ROCHESTER  
BOARD OF HEALTH  
37Marion Road, Rochester, Ma. 02770  
Phone: 508-763-5421 Fax: 508-763-5379**

**REQUEST FOR PROJECT DETERMINATION BY CONSERVATION COMMISSION**

**\*\*For Boards of Health/Conservation Use Only\*\***

**Project Address** \_\_\_\_\_

**Assessors Map #** \_\_\_\_\_ **Lot #** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Project Description (to be checked off by Applicant)**

___ Percolation Test	New Construction \$300.00	Repairs \$200.00
___ Installation of Well	Fee \$ 60.00	
___ Repairs for Septic System	Fee \$125.00	
___ New Septic System	Fee \$175.00	
___ Other _____		

Upgrade Percolations will be scheduled for Wednesdays, New Construction Scheduled on ` Thursdays

**Applicant's Signature** \_\_\_\_\_

**Applicant's name (Print)** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Applicant's Address** \_\_\_\_\_

**Engineer's Name** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Engineer's Address** \_\_\_\_\_

**\*\*Conservation Commission Determination\*\***

\_\_\_ Proposed work is not within a wetland resource area or Buffer Zone protected under the Massachusetts Wetlands Protection Act, MGL Ch. 131 Section 40 or the Town of Rochester Local Wetlands Protection Bylaw, Zoning Bylaws Section XV

\_\_\_ Proposed project has already received approval from Rochester Conservation Commission \_\_\_\_\_ (DEP File # or date of Determination of Applicability)

\_\_\_ A filing with the Conservation Commission is necessary for proposed work.

**Conservation Commission Agent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Attach a copy of proposed plan  
cc. Planning Board**

**Attach a copy of proposed plan  
cc. Planning Board**