



BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS 02035

Eric S. Arvedon, Chairman
Paul Mullins, Vice-Chairman
Paul Steeves, Clerk

www.foxboroughma.gov

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Pauline Clifford, Health Agent

SEPTIC PLAN
AMENDMENT FORM

The Engineer for _____
(property address septic design plans are for)

must check off the below two items in order to determine if Conservation must sign off on the septic plans.

Is the proposed project located within the following buffer zones or resource areas?

1. Within 100 feet of a wetland or vernal pool: Yes ___* No ___ (exempt)
2. Within 200 feet of a river or stream: Yes ___* No ___ (exempt)

***If yes has been checked, a wetland application must be filed with the Conservation Commission.**

Visit the Commission's website: www.foxboroughma.gov

Engineer's Name (Please Print Clearly)

Engineer's Signature

Date

Company Name