



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection - Wetlands

Provided by MassDEP:

**WPA Form 3 – Notice of Intent**

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

MassDEP File Number

Document Transaction Number

**ACTON**  
City/Town

City/Town

**Important:**  
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Note:  
Before completing this form consult your local Conservation Commission regarding any municipal bylaw or ordinance.

**A. General Information**

1. Project Location (Note: electronic filers will click on button to locate project site):

a. Street Address 44 ETHAN ALLEN DR b. City/Town ACTON c. Zip Code 01720

Latitude and Longitude: d. Latitude \_\_\_\_\_ e. Longitude \_\_\_\_\_

f. Assessors Map/Plat Number G 1 g. Parcel /Lot Number 101

2. Applicant:

a. First Name RICHARD b. Last Name DOLAN

c. Organization ABC CESSPOOL CO. INC

d. Street Address 292 HIGH ST.

e. City/Town ACTON f. State MA g. Zip Code 01720

h. Phone Number 978 263-5802 i. Fax Number 978 897-6486 j. Email Address DICKSLUDGE @ AOL.COM

3. Property owner (required if different from applicant):  Check if more than one owner

a. First Name SELINA b. Last Name MAITREYA

c. Organization \_\_\_\_\_

d. Street Address 44 ETHAN ALLEN DR.

e. City/Town ACTON f. State MA g. Zip Code 01720

h. Phone Number 978-869-7029 i. Fax Number \_\_\_\_\_ j. Email address \_\_\_\_\_

4. Representative (if any):

a. First Name RICHARD DOLAN b. Last Name \_\_\_\_\_

c. Company (SEE ABOVE)

d. Street Address \_\_\_\_\_

e. City/Town \_\_\_\_\_ f. State \_\_\_\_\_ g. Zip Code \_\_\_\_\_

h. Phone Number \_\_\_\_\_ i. Fax Number \_\_\_\_\_ j. Email address \_\_\_\_\_

5. Total WPA Fee Paid (from NOI Wetland Fee Transmittal Form):

a. Total Fee Paid \_\_\_\_\_ b. State Fee Paid \_\_\_\_\_ c. City/Town Fee Paid \_\_\_\_\_



MassDEP File Number \_\_\_\_\_  
 Document Transaction Number \_\_\_\_\_  
 City/Town \_\_\_\_\_

**A. General Information** (continued)

6. General Project Description:

REPLACEMENT OF A FAILED SEPTIC SYSTEM  
IN THE SAME AREA

7a. Project Type Checklist:

- |   |   |
|---|---|
| 1. <input checked="" type="checkbox"/> Single Family Home     | 2. <input type="checkbox"/> Residential Subdivision                   |
| 3. <input type="checkbox"/> Limited Project Driveway Crossing | 4. <input type="checkbox"/> Commercial/Industrial                     |
| 5. <input type="checkbox"/> Dock/Pier                         | 6. <input type="checkbox"/> Utilities                                 |
| 7. <input type="checkbox"/> Coastal Engineering Structure     | 8. <input type="checkbox"/> Agriculture (e.g., cranberries, forestry) |
| 9. <input type="checkbox"/> Transportation                    | 10. <input type="checkbox"/> Other                                    |

7b. Is any portion of the proposed activity eligible to be treated as a limited project subject to 310 CMR 10.24 (coastal) or 310 CMR 10.53 (inland)?

1.  Yes  No If yes, describe which limited project applies to this project:

2. Limited Project

8. Property recorded at the Registry of Deeds for:

a. County <u>MIDDLESEX</u>	b. Certificate # (if registered land) <u>329</u>
c. Book <u>51003</u>	d. Page Number

**B. Buffer Zone & Resource Area Impacts (temporary & permanent)**

- Buffer Zone Only – Check if the project is located only in the Buffer Zone of a Bordering Vegetated Wetland, Inland Bank, or Coastal Resource Area.
- Inland Resource Areas (see 310 CMR 10.54-10.58; if not applicable, go to Section B.3, Coastal Resource Areas).

Check all that apply below. Attach narrative and any supporting documentation describing how the project will meet all performance standards for each of the resource areas altered, including standards requiring consideration of alternative project design or location.

For all projects affecting other Resource Areas, please attach a narrative explaining how the resource area was delineated.

Resource Area	Size of Proposed Alteration	Proposed Replacement (if any)
a. <input type="checkbox"/> Bank	1. linear feet	2. linear feet
b. <input type="checkbox"/> Bordering Vegetated Wetland	1. square feet	2. square feet
c. <input type="checkbox"/> Land Under Waterbodies and Waterways	1. square feet	2. square feet
	3. cubic yards dredged	



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**B. Buffer Zone & Resource Area Impacts (temporary & permanent) (cont'd)**

<u>Resource Area</u>	<u>Size of Proposed Alteration</u>	<u>Proposed Replacement (if any)</u>
d. <input type="checkbox"/> <b>Bordering Land Subject to Flooding</b>	1. square feet _____ 3. cubic feet of flood storage lost _____	2. square feet _____ 4. cubic feet replaced _____
e. <input type="checkbox"/> <b>Isolated Land Subject to Flooding</b>	1. square feet _____ 2. cubic feet of flood storage lost _____	3. cubic feet replaced _____
f. <input type="checkbox"/> <b>Riverfront Area</b>	1. Name of Waterway (if available) _____ 2. Width of Riverfront Area (check one): <input type="checkbox"/> 25 ft. - Designated Densely Developed Areas only <input type="checkbox"/> 100 ft. - New agricultural projects only <input type="checkbox"/> 200 ft. - All other projects	
	3. Total area of Riverfront Area on the site of the proposed project:	_____ square feet
	4. Proposed alteration of the Riverfront Area:	
	a. total square feet _____	b. square feet within 100 ft. _____
		c. square feet between 100 ft. and 200 ft. _____
	5. Has an alternatives analysis been done and is it attached to this NOI?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Was the lot where the activity is proposed created prior to August 1, 1996?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. <input type="checkbox"/> <b>Coastal Resource Areas: (See 310 CMR 10.25-10.35)</b>		

Check all that apply below. Attach narrative and supporting documentation describing how the project will meet all performance standards for each of the resource areas altered, including standards requiring consideration of alternative project design or location.

Online Users:  
 Include your document transaction number (provided on your receipt page) with all supplementary information you submit to the Department.

<u>Resource Area</u>	<u>Size of Proposed Alteration</u>	<u>Proposed Replacement (if any)</u>
a. <input type="checkbox"/> <b>Designated Port Areas</b>	Indicate size under Land Under the Ocean, below	
b. <input type="checkbox"/> <b>Land Under the Ocean</b>	1. square feet _____ 2. cubic yards dredged _____	
c. <input type="checkbox"/> <b>Barrier Beach</b>	Indicate size under Coastal Beaches and/or Coastal Dunes below	
d. <input type="checkbox"/> <b>Coastal Beaches</b>	1. square feet _____	2. cubic yards beach nourishment _____
e. <input type="checkbox"/> <b>Coastal Dunes</b>	1. square feet _____	2. cubic yards dune nourishment _____



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**B. Buffer Zone & Resource Area Impacts (temporary & permanent) (cont'd)**

	<u>Size of Proposed Alteration</u>	<u>Proposed Replacement (if any)</u>
f. <input type="checkbox"/> Coastal Banks	1. linear feet _____	
g. <input type="checkbox"/> Rocky Intertidal Shores	1. square feet _____	
h. <input type="checkbox"/> Salt Marshes	1. square feet _____	2. sq ft restoration, rehab., creation _____
i. <input type="checkbox"/> Land Under Salt Ponds	1. square feet _____	
	2. cubic yards dredged _____	
j. <input type="checkbox"/> Land Containing Shellfish	1. square feet _____	
k. <input type="checkbox"/> Fish Runs	Indicate size under Coastal Banks, inland Bank, Land Under the Ocean, and/or inland Land Under Waterbodies and Waterways, above	
	1. cubic yards dredged _____	
l. <input type="checkbox"/> Land Subject to Coastal Storm Flowage	1. square feet _____	
4. <input type="checkbox"/> Restoration/Enhancement	If the project is for the purpose of restoring or enhancing a wetland resource area in addition to the square footage that has been entered in Section B.2.b or B.3.h above, please enter the additional amount here.	
	_____	_____
	a. square feet of BVW	b. square feet of Salt Marsh
5. <input type="checkbox"/> Project Involves Stream Crossings		
	_____	_____
	a. number of new stream crossings	b. number of replacement stream crossings

**C. Other Applicable Standards and Requirements**

**Streamlined Massachusetts Endangered Species Act/Wetlands Protection Act Review**

1. Is any portion of the proposed project located in **Estimated Habitat of Rare Wildlife** as indicated on the most recent Estimated Habitat Map of State-Listed Rare Wetland Wildlife published by the Natural Heritage and Endangered Species Program (NHESP)? To view habitat maps, see the *Massachusetts Natural Heritage Atlas* or go to

a.  Yes  No

If yes, include proof of mailing or hand delivery of NOI to:

Natural Heritage and Endangered Species Program  
 Division of Fisheries and Wildlife  
 100 Hartwell Street, Suite 230  
 West Boylston, MA 01583

b. Date of map \_\_\_\_\_



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**C. Other Applicable Standards and Requirements (cont'd)**

If yes, the project is also subject to Massachusetts Endangered Species Act (MESA) review (321 CMR 10.18). To qualify for a streamlined, 30-day, MESA/Wetlands Protection Act review, please complete Section C.1.C, and include requested materials with this Notice of Intent (NOI); OR complete Section C.1.d, if applicable. *If MESA supplemental information is not included with the NOI, by completing Section 1 of this form, the NHESP will require a separate MESA filing which may take up to 90 days to review (unless noted exceptions in Section 2 apply, see below).*

1. c. Submit Supplemental Information for Endangered Species Review\*

- 1.  Percentage/acreage of property to be altered:
  - (a) within wetland Resource Area \_\_\_\_\_ percentage/acreage
  - (b) outside Resource Area \_\_\_\_\_ percentage/acreage
- 2.  Assessor's Map or right-of-way plan of site
- 3.  Project plans for entire project site, including wetland resource areas and areas outside of wetlands jurisdiction, showing existing and proposed conditions, existing and proposed tree/vegetation clearing line, and clearly demarcated limits of work \*\*\*\*
  - (a)  Project description (including description of impacts outside of wetland resource area & buffer zone)
  - (b)  Photographs representative of the site
  - (c)  MESA filing fee (fee information available at: \_\_\_\_\_).

Make check payable to "Commonwealth of Massachusetts - NHESP" and **mail to NHESP** at above address

*Projects altering 10 or more acres of land, also submit:*

  - (d)  Vegetation cover type map of site
  - (e)  Project plans showing Priority & Estimated Habitat boundaries

d. OR Check One of the Following

- 1.  Project is exempt from MESA review.  
 Attach applicant letter indicating which MESA exemption applies. (See 321 CMR 10.14, the NOI must still be sent to NHESP if the project is within estimated habitat pursuant to 310 CMR 10.37 and 10.59.)
- 2.  Separate MESA review ongoing. \_\_\_\_\_ a. NHESP Tracking # \_\_\_\_\_ b. Date submitted to NHESP

\* Some projects not in Estimated Habitat may be located in Priority Habitat, and require NHESP review (see regulatory review tab). Priority Habitat includes habitat for state-listed plants and strictly upland species not protected by the Wetlands Protection Act.

\*\* MESA projects may not be segmented (321 CMR 10.16). The applicant must disclose full development plans even if such plans are not required as part of the Notice of Intent process.



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**C. Other Applicable Standards and Requirements (cont'd)**

3.  Separate MESA review completed. Include copy of NHESP "no Take" determination or valid Conservation & Management Permit with approved plan.
2. For coastal projects only, is any portion of the proposed project located below the mean high water line or in a fish run?

a.  Not applicable – project is in inland resource area only

b.  Yes  No If yes, include proof of mailing or hand delivery of NOI to either:

South Shore - Cohasset to Rhode Island, and the Cape & Islands:

North Shore - Hull to New Hampshire:

Division of Marine Fisheries - Southeast Marine Fisheries Station  
 Attn: Environmental Reviewer  
 1213 Purchase Street – 3rd Floor  
 New Bedford, MA 02740-6694

Division of Marine Fisheries - North Shore Office  
 Attn: Environmental Reviewer  
 30 Emerson Avenue  
 Gloucester, MA 01930

Also if yes, the project may require a Chapter 91 license. For coastal towns in the Northeast Region, please contact MassDEP's Boston Office. For coastal towns in the Southeast Region, please contact MassDEP's Southeast Regional Office.

3. Is any portion of the proposed project within an Area of Critical Environmental Concern (ACEC)?

a.  Yes  No If yes, provide name of ACEC (see instructions to WPA Form 3 or MassDEP Website for ACEC locations). **Note:** electronic filers click on Website.

b. ACEC

4. Is any portion of the proposed project within an area designated as an Outstanding Resource Water (ORW) as designated in the Massachusetts Surface Water Quality Standards, 314 CMR 4.00?

a.  Yes  No

5. Is any portion of the site subject to a Wetlands Restriction Order under the Inland Wetlands Restriction Act (M.G.L. c. 131, § 40A) or the Coastal Wetlands Restriction Act (M.G.L. c. 130, § 105)?

a.  Yes  No

6. Is this project subject to provisions of the MassDEP Stormwater Management Standards?

a.  Yes. Attach a copy of the Stormwater Report as required by the Stormwater Management Standards per 310 CMR 10.05(6)(k)-(q) and check if:

1.  Applying for Low Impact Development (LID) site design credits (as described in Stormwater Management Handbook Vol. 2, Chapter 3)
2.  A portion of the site constitutes redevelopment
3.  Proprietary BMPs are included in the Stormwater Management System.

b.  No. Check why the project is exempt:

1.  Single-family house

Online Users:  
 Include your document transaction number (provided on your receipt page) with all supplementary information you submit to the Department.



\_\_\_\_\_  
 MassDEP File Number  
 \_\_\_\_\_  
 Document Transaction Number  
 \_\_\_\_\_  
 City/Town

**C. Other Applicable Standards and Requirements (cont'd)**

- 2.  Emergency road repair
- 3.  Small Residential Subdivision (less than or equal to 4 single-family houses or less than or equal to 4 units in multi-family housing project) with no discharge to Critical Areas.

**D. Additional Information**

Applicants must include the following with this Notice of Intent (NOI). See instructions for details.

**Online Users:** Attach the document transaction number (provided on your receipt page) for any of the following information you submit to the Department.

- 1.  USGS or other map of the area (along with a narrative description, if necessary) containing sufficient information for the Conservation Commission and the Department to locate the site. (Electronic filers may omit this item.)
- 2.  Plans identifying the location of proposed activities (including activities proposed to serve as a Bordering Vegetated Wetland [BVW] replication area or other mitigating measure) relative to the boundaries of each affected resource area.
- 3.  Identify the method for BVW and other resource area boundary delineations (MassDEP BVW Field Data Form(s), Determination of Applicability, Order of Resource Area Delineation, etc.), and attach documentation of the methodology.
- 4.  List the titles and dates for all plans and other materials submitted with this NOI.

**44 ETHAN ALLEN DR.**

a. Plan Title <b>ABC CESSPOOL CO</b>	c. Signed and Stamped by <b>STEVEN CALICHMAN R.S.</b>
b. Prepared By <b>5/1/13</b>	e. Scale <b>1" = 20'</b>
d. Final Revision Date	

- |                                      |         |
|--------------------------------------|---------|
| f. Additional Plan or Document Title | g. Date |
|--------------------------------------|---------|
- 5.  If there is more than one property owner, please attach a list of these property owners not listed on this form.
  - 6.  Attach proof of mailing for Natural Heritage and Endangered Species Program, if needed.
  - 7.  Attach proof of mailing for Massachusetts Division of Marine Fisheries, if needed.
  - 8.  Attach NOI Wetland Fee Transmittal Form
  - 9.  Attach Stormwater Report, if needed.



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City/Town \_\_\_\_\_

**E. Fees**

1.  Fee Exempt: No filing fee shall be assessed for projects of any city, town, county, or district of the Commonwealth, federally recognized Indian tribe housing authority, municipal housing authority, or the Massachusetts Bay Transportation Authority.

Applicants must submit the following information (in addition to pages 1 and 2 of the NOI Wetland Fee Transmittal Form) to confirm fee payment:

2. Municipal Check Number	5295	3. Check date	5/7/13
4. State Check Number	5294	5. Check date	5/7/13
6. Payor name on check: First Name	STACY	7. Payor name on check: Last Name	ODRISCOLL

**F. Signatures and Submittal Requirements**

I hereby certify under the penalties of perjury that the foregoing Notice of Intent and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge. I understand that the Conservation Commission will place notification of this Notice in a local newspaper at the expense of the applicant in accordance with the wetlands regulations, 310 CMR 10.05(5)(a).

I further certify under penalties of perjury that all abutters were notified of this application, pursuant to the requirements of M.G.L. c. 131, § 40. Notice must be made by Certificate of Mailing or in writing by hand delivery or certified mail (return receipt requested) to all abutters within 100 feet of the property line of the project location.

1. Signature of Applicant		2. Date	5/7/13
3. Signature of Property Owner (if different)		4. Date	5/7/13
5. Signature of Representative (if any)	_____	6. Date	_____

**For Conservation Commission:**

Two copies of the completed Notice of Intent (Form 3), including supporting plans and documents, two copies of the NOI Wetland Fee Transmittal Form, and the city/town fee payment, to the Conservation Commission by certified mail or hand delivery.

**For MassDEP:**

One copy of the completed Notice of Intent (Form 3), including supporting plans and documents, one copy of the NOI Wetland Fee Transmittal Form, and a copy of the state fee payment to the MassDEP Regional Office (see Instructions) by certified mail or hand delivery.

**Other:**

If the applicant has checked the "yes" box in any part of Section C, Item 3, above, refer to that section and the Instructions for additional submittal requirements.

The original and copies must be sent simultaneously. Failure by the applicant to send copies in a timely manner may result in dismissal of the Notice of Intent.



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 Bureau of Resource Protection - Wetlands  
**NOI Wetland Fee Transmittal Form**  
 Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



**A. Applicant Information**

1. Location of Project:

a. Street Address 44 ETHAN ALLEN RD b. City/Town ACTON

c. Check number 5294 d. Fee amount\* 42.50

2. Applicant Mailing Address:

a. First Name RICHARD b. Last Name DOLAN

c. Organization ABC CESSPOOL CO.

d. Mailing Address 292 HIGH ST.

e. City/Town ACTON f. State MA g. Zip Code 01720

h. Phone Number 978 263-5802 i. Fax Number 978 897 6486 j. Email Address DICKSLUDGE@AOL.COM

3. Property Owner (if different):

a. First Name SELINA b. Last Name MAITREYA

c. Organization \_\_\_\_\_

d. Mailing Address 44 ETHAN ALLEN RD.

e. City/Town ACTON f. State MA g. Zip Code 01720

h. Phone Number \_\_\_\_\_ i. Fax Number \_\_\_\_\_ j. Email Address \_\_\_\_\_

To calculate filing fees, refer to the category fee list and examples in the instructions for filling out WPA Form 3 (Notice of Intent).

**B. Fees**

Fee should be calculated using the following process & worksheet. **Please see instructions before filling out worksheet.**

**Step 1/Type of Activity:** Describe each type of activity that will occur in wetland resource area and buffer zone.

**Step 2/Number of Activities:** Identify the number of each type of activity.

**Step 3/Individual Activity Fee:** Identify each activity fee from the six project categories listed in the instructions.

**Step 4/Subtotal Activity Fee:** Multiply the number of activities (identified in Step 2) times the fee per category (identified in Step 3) to reach a subtotal fee amount. Note: If any of these activities are in a Riverfront Area in addition to another Resource Area or the Buffer Zone, the fee per activity should be multiplied by 1.5 and then added to the subtotal amount.

**Step 5/Total Project Fee:** Determine the total project fee by adding the subtotal amounts from Step 4.

**Step 6/Fee Payments:** To calculate the state share of the fee, divide the total fee in half and subtract \$12.50. To calculate the city/town share of the fee, divide the total fee in half and add \$12.50.



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**B. Fees** (continued)

Step 1/Type of Activity	Step 2/Number of Activities	Step 3/Individual Activity Fee	Step 4/Subtotal Activity Fee
REPLACE FAILED SEPTIC SYSTEM	1	110.00	110.00
TOWN OF ACTON BYLAW 20 <sup>90</sup>		22.00	22.00

Step 5/Total Project Fee: 132.00

**Step 6/Fee Payments:**

Total Project Fee: 132.00  
a. Total Fee from Step 5  
State share of filing Fee: 89.50  
b. 1/2 Total Fee less \$12.50  
City/Town share of filing Fee: 42.50  
c. 1/2 Total Fee plus \$12.50

**C. Submittal Requirements**

- a.) Complete pages 1 and 2 and send with a check or money order for the state share of the fee, payable to the Commonwealth of Massachusetts.

Department of Environmental Protection  
Box 4062  
Boston, MA 02211

- b.) **To the Conservation Commission:** Send the Notice of Intent or Abbreviated Notice of Intent; a copy of this form; and the city/town fee payment.

**To MassDEP Regional Office** (see Instructions): Send a copy of the Notice of Intent or Abbreviated Notice of Intent; a copy of this form; and a copy of the state fee payment. (E-filers of Notices of Intent may submit these electronically.)

71° 30'  
42° 30'

295000E

386

LEUMANS TER 25 KM  
4.3 KM. TO INTERCHANGE 495

27° 30'

4707000mN

AYER 16 KM  
4.0 KM. TO INTERCHANGE 495

4705

4704

27° 30'

4703

4702

*Locus*



**NOTIFICATION TO ABUTTERS  
UNDER THE MASSACHUSETTS WETLANDS PROTECTION ACT  
AND THE TOWN OF ACTON WETLANDS BYLAW**

In accordance with the second paragraph of Massachusetts General Laws Chapter 131, Section 40 and the Town of Acton Bylaws, you are hereby notified of the following:

The Applicant: SELINA MAITREYA

Address 44 ETHAN ALLEN DR Phone \_\_\_\_\_

has filed a Notice of Intent with the Acton Conservation Commission seeking permission to remove, fill, dredge or alter an Area Subject to Protection under the Wetlands Protection Act.

Applicant's Representative: RICHARD DOGAN / ABC CESSPOD CO.

Address 292 HIGH ST. ACTON Phone (978) 263-5802

The address of the property where the activity is proposed 44 ETHAN ALLEN DR

Town Atlas Plate/Map G 1 Parcel/Lot 101

Project Description REPLACE EXISTING FAILED LEACHING FIELD

For more information please contact the Conservation Office at 978-929-6634 or email . Copies of the Notice of Intent may be examined at the Conservation Office, Acton Town Hall, 472 Main Street, Acton between the hours of 9:00 A.M. and 4:30 P.M. Monday through Friday.

A Public Hearing will be held at the Acton Town Hall, 472 Main Street, on Wednesday, 6/5/13 at 7:15 P.M.  
(date)

The notice of the public hearing will be published at least five (5) days in advance in the Acton edition of the *Beacon* newspaper or *Metrowest Daily News*.

NOTE: You may also contact your local conservation commission or the nearest Department of Environmental Protection Regional Office\* for the information about this application or, the Wetlands Protection Act. Acton is in the Central Region. To contact DEP, call:

\*DEP Central Region: 508-792-7650  
627 Main Street, Worcester MA 01608



Town of Acton  
472 Main Street  
Acton, MA 01720  
Telephone (978) 929-6621  
Fax (978) 929-6340

Brian McMullen  
Assessor

Locus: 44 Ethan Allen Drive  
Parcel: G1 - 101

Parcel ID	LOCATION	Owner	Co-Owner	Mailing Address	City	ST	Zip
31-100	45 ETHAN ALLEN DR	MILLER BRAD L	MILLER SUSAN W	45 ETHAN ALLEN DR	ACTON, MA	01720	✓
31-102	9 TICONDEROGA RD REAR	ACTON WATER DISTRICT		P.O. BOX 953	ACTON, MA	01720	✓
31-102-1	9 TICONDEROGA RD	MURRAY JOHN E	LESLEY J	9 TICONDEROGA RD	ACTON, MA	01720	✓
31-115	47 ETHAN ALLEN DR	PLATT KEVIN L	PLATT DONYA R	47 ETHAN ALLEN DR	ACTON, MA	01720	✓
31-116	46 ETHAN ALLEN DR	CATALFANO MICHAEL A	CATALFANO KRISTIN T	46 ETHAN ALLEN DR	ACTON, MA	01720	✓
31-142	49 ETHAN ALLEN DR	CARUSO RICHARD F + DAVID J	TRUSTEE RICHARD F CARUSO REVOC	49 ETHAN ALLEN DR	ACTON, MA	01720	✓
31-143	48 ETHAN ALLEN DR	FERRIS BARBARA J	C/O MARSH JEFFREY + LEAH	48 ETHAN ALLEN DR	ACTON, MA	01720	✓
31-163	50 ETHAN ALLEN DR	DELANEY MARK F X	DELANEY KIMBERLY A	50 ETHAN ALLEN DR	ACTON, MA	01720	✓
31-29	37 ETHAN ALLEN DR	FROST WILLIAM H	C/O SHI LEI + DONG XIN	37 ETHAN ALLEN DR	ACTON, MA	01720	✓
31-47	39 ETHAN ALLEN DR	CERASO JANE	LOWE JOSTEN STEPHEN	39 ETHAN ALLEN DR	ACTON, MA	01720	✓
31-48	38 ETHAN ALLEN DR	IGW TRUST	C/O S GRAHAM +M SCHEIER	289 GREAT RD	ACTON, MA	01720	✓
31-64	41 ETHAN ALLEN DR	ODONNELL MAURICE T		41 ETHAN ALLEN DR	ACTON, MA	01720	✓
31-65	40 ETHAN ALLEN DR	WALLACK GREGORY S	WALLACK VELINDA RAE	40 ETHAN ALLEN DR	ACTON, MA	01720	✓
31-88	43 ETHAN ALLEN DR	GULLIVER, JR. ALAN D	GULLIVER JENNIFER	43 ETHAN ALLEN DR	ACTON, MA	01720	
31-89	42 ETHAN ALLEN DR	EASTERLY TIMOTHY B		42 ETHAN ALLEN DR	ACTON, MA	01720	

abutters and owners of land directly opposite on any public or private street or way and abutters to the abutters within three hundred feet of the property line all as they appear on the most recent applicable tax list.

*Kelly Schorr*

Kelly Schorr  
Acton Assessors Office

5/20/2013

# AFFIDAVIT OF SERVICE

Under the Massachusetts Wetlands Protection Act

(to be submitted to the Massachusetts Department of Environmental Protection and the Conservation Commission when filing a Notice of Intent)

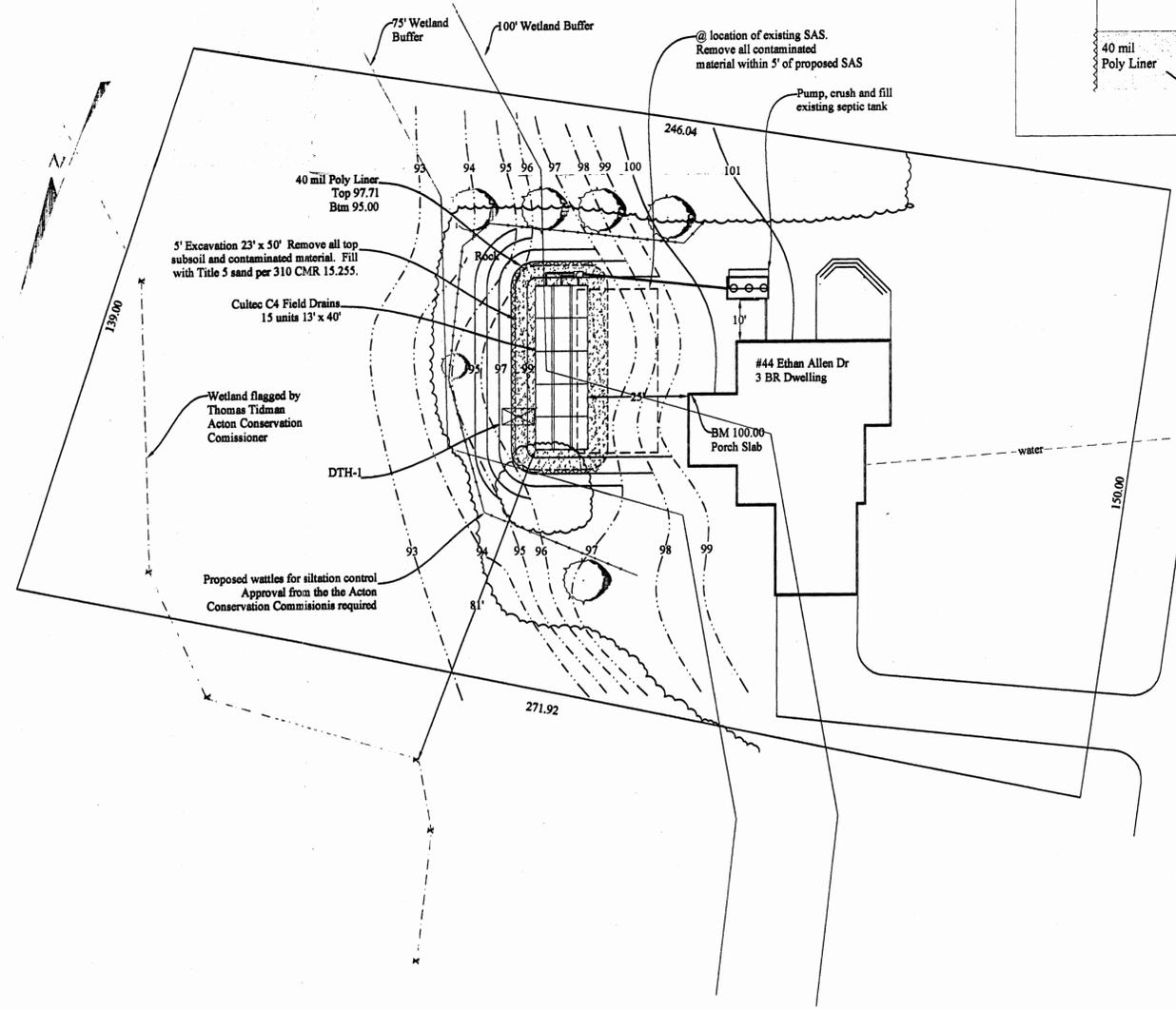
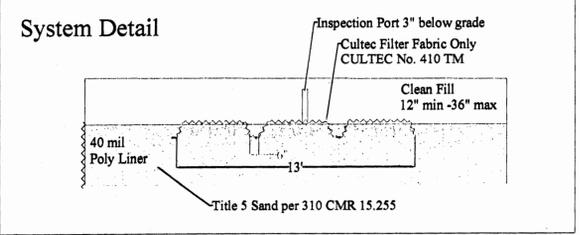
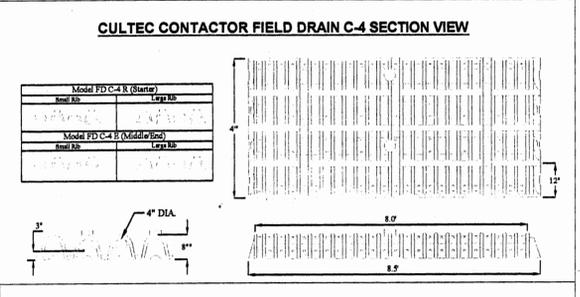
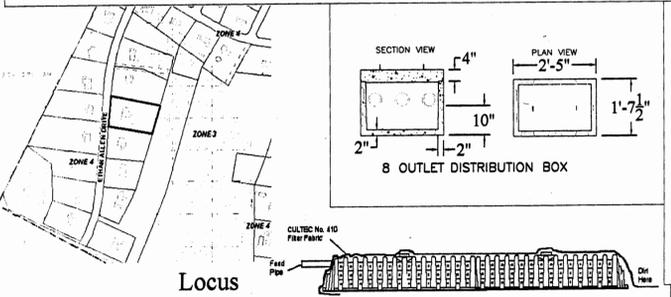
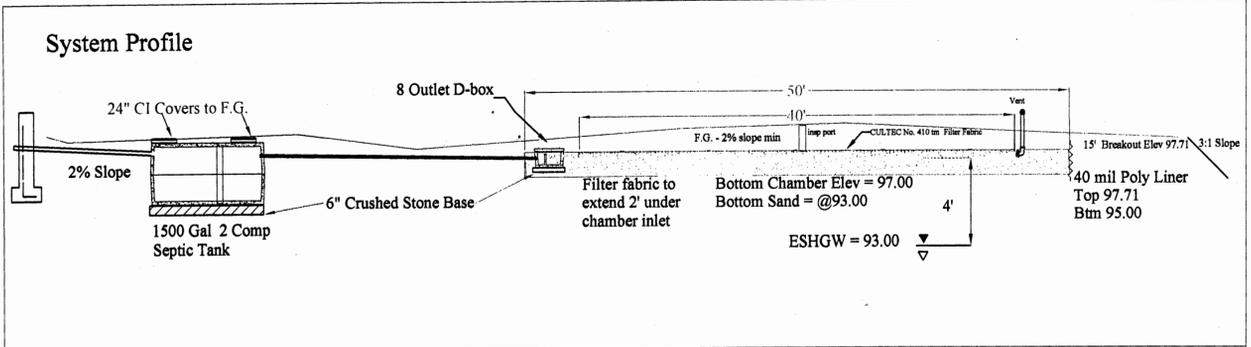
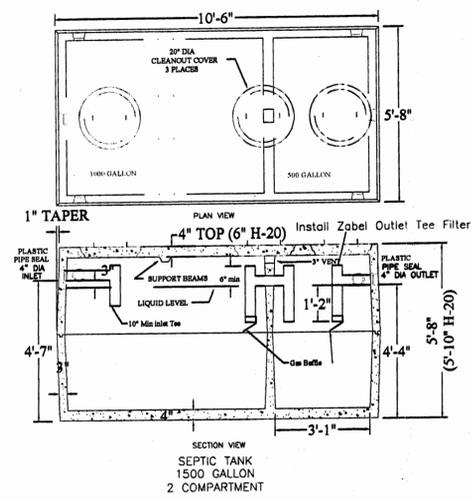
I, RICHARD DOLAN / ABC CESSPOOL Co., hereby certify under the pains and penalties of perjury that on MAY 22, 2013 I gave notification to abutters in compliance with the second paragraph of Massachusetts General Laws Chapter 131, Section 40, and the DEP Guide to Abutter Notification dated April 8, 1994, in connection with the following matter:

A Notice of Intent filed under the Massachusetts Wetlands Protection Act by ABC CESSPOOL Co. with the Acton Conservation Commission on RICHARD DOLAN on 5/22/2013 for property located at 44 ETHAN ALLEN Acton.

The form of the notification, and a list of the abutters to whom it was given and their addresses, are attached to this Affidavit of Service.

[Signature]  
Name

5/22/2013  
Date



**Variance Required**  
 A variance from Acton BoH regulation Article 16 is required to allow the SAS to be less than 100' from the BVWin an aquifer protection Zone 3. An 81' separation is proposed

**General Notes**

- The septic tank and pump chamber shall be made of precast concrete. Tank construction materials shall comply with 310 CMR 15.226. Septic tank and pump chamber shall be waterproofed below the pipe inlet.
- The septic tank and pump chamber shall be placed on six inches of crushed stone that has been mechanically compacted. A minimum of nine inches of cover shall be placed over the tank. A 24 inch cover with an appropriate water tight riser shall be provided over the outlet within six inches of finished grade.
- Where not otherwise specified, piping shall be 4" schedule 40 PVC pipe with glued joints. Existing supply piping that is not 4" cast iron or schedule 40 PVC shall be replaced.
- Final grading over the leaching area shall provide that no water will accumulate on the surface. The grade above and next to the leaching facility shall have a minimum 2% slope.
- Cover material shall be free of large stones, stumps, frozen clumps of earth, masonry or construction waste material. Machinery that may crush or disturb the alignment of pipe in the disposal system area shall not be allowed on any part of the disposal area.
- All stone shall be free of iron, fines and dust, and must have less than 0.2% material finer than a #200 sieve as determined by AASHTO test methods T-11 and T-27.
- Fill material for systems constructed in fill shall consist of select on-site or imported soil material. The fill shall be comprised of clean granular sand, free from organic matter and deleterious substances. Mixtures and layers of different classes of soil shall not be used. The fill shall not contain any material larger than 2 inches. A sieve analysis report must be obtained by the installer to demonstrate that the fill material complies with 310 CMR 15.255(3). The Board of Health may require a minimum of one representative sample to be taken from the in place fill and tested for compliance with the grain size distribution specifications.
- Should conditions be encountered onsite which require modification to the approved plan, the installer shall contact the Designer for instructions.
- The installer may make minor changes in orientation to avoid large obstacles that include but are not limited to boulders, trees, walls, fences, sheds, and pavement. It is the intent of this design to locate the leaching facility in the general area of the test holes. Minimum offsets from foundations, property lines, wells, and wetlands shall be maintained at all times.
- The owner shall be responsible for ascertaining the location of all property lines. A professional instrument survey was not performed. If proximity of the system to property lines are critical or if the location of a property line is in question, an instrument survey should be performed by a Professional Land Surveyor. This plan is designed for the purpose of installing a septic system only. The Designer is not responsible for any subsurface structures not accurately depicted on the plan.
- All existing elevations must be verified prior to installing any system components.
- The system IS NOT SIZED according to Title 5 to accommodate a GARBAGE DISPOSAL.
- All construction shall conform to 310 CMR 15.000 and Local Board of Health Regulations.
- All system components must be marked with a magnetic tape prior to backfilling.

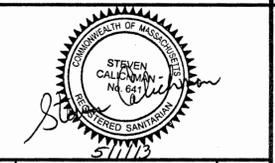
**Design Calculations**

Type of Establishment: Dwelling  
 System Required  
 Number of Bedrooms: 3 BR  
 Design Flow: 330 GPD  
 Septic Tank: 1500 Gallons  
 System Area: 623 sqft  
 System Provided  
 Number of Bedrooms: 3  
 Septic Tank Capacity: 1500 gal  
 System Area: 804 sqft  
 System Capacity: 330 GPD  
 Soil Classification: II  
 LTAR: 0.53 GPD/sqft  
 Cultec Area 15 Units x 8' Long x 6.7 sqft/lf = 804 sqft

**Proposed Elevations**

Bench Mark: 100.00 Top Porch Slab  
 Building Sewer: 99.40  
 Septic Tank Inlet: 99.20  
 Outlet: 98.95  
 D-Box In: 97.47  
 D-Box Out: 97.30  
 Chamber Inlet: 97.25  
 Bottom Chamber: 97.00  
 ESHGW: 93.00  
 F.G. over SAS: 99.00+/-

- Wetlands within 100' of the proposed leaching facility have been located
- There are no private wells within 200' of the system.
- The proposed system will be located in Acton's Aquifer Protection Zone 3. A 4' separation to ESHGW is provided
- This site is not in the 100 year flood plain.



No.	Revision/Issue	Date

**ABC Cesspool Inc.**  
 292 High Street  
 Acton, MA 01720  
 (978)263-5802

**Proposed Septic System**  
 44 Ethan Allen Dr  
 Acton, MA 01720

Project: 44ethan\_act  
 Date: 4/26/13  
 Scale: 1" = 20'  
 Sheet: 1

**Soil Logs**

Depth	Soil Log Description	Elevation
0"	Ap	96.00
2"	SL 10yr2/2	93.58
29"	B	ESHGW - 93.00
39"	SL 10yr4/6	92.75
40"	Water observed	
90"	C-2 vt SL Gleyed	88.50

Percolation Test		
Test #		Rate
1		20 mpi

Soil evaluation conducted by Richard Dolan SE  
 Witnessed by Evan Carloni, Acton BoH  
 I certify that I am currently approved by MADEP pursuant to 310 CMR 15.017 to conduct soil evaluations. Soil Evaluator # 591 exp Oct 2013

**From:** [CERO\\_NOI@MassMail.state.ma.us](mailto:CERO_NOI@MassMail.state.ma.us)  
**To:** [dicksludge@aol.com](mailto:dicksludge@aol.com)  
**Cc:** [ceronoi@state.ma.us](mailto:ceronoi@state.ma.us); [Conservation Commission](#); [ceronoi@state.ma.us](mailto:ceronoi@state.ma.us)  
**Subject:** MassDEP NOI File Number  
**Date:** Monday, June 03, 2013 11:16:14 AM

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COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF ENERGY & ENVIRONMENTAL AFFAIRS  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
CENTRAL REGIONAL OFFICE  
627 MAIN STREET, WORCESTER, MA 01608 508-792-7650

Date: 06/03/2013

Municipality ACTON

RE: **NOTIFICATION OF WETLANDS PROTECTION ACT FILE NUMBER**

The Department of Environmental Protection has received a Notice of Intent filed in accordance with the Wetlands Protection Act (M.G.L. c. 131, §40):

<b>Applicant</b> ABC CESSPOOL CO INC	<b>Owner Address</b>
<b>Address</b> 292 HIGH ST, ACTON MA 01720	
<b>Locus</b> 44 ETHAN ALLEN DR , ACTON MA 01720	

This project has been assigned the following file # : **CE 085-1126**  
ISSUANCE OF A FILE NUMBER INDICATES ONLY COMPLETENESS OF  
SUBMITTAL, NOT APPROVAL OF APPLICATION

Although a file # is being issued, please note the following:

Regards,  
for MassDEP,

(508)-767-2711  
Maryann.Dipinto@State.MA.US