Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

Acton
City/Town

WPA Form 1- Request for Determination of Applicability

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

A. General Information

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

1. Applicant:

Town of Acton/Department of Natural Resources
Name

NR@acton-ma.gov
E-Mail Address

472 Main Street
Mailing Address

Acton
City/Town

MA
State

01720
Zip Code

978-929-6634
Phone Number

Fax Number (if applicable)

2. Representative (if any):

Firm

Contact Name

E-Mail Address

Mailing Address

City/Town

State

Zip Code

Phone Number

Fax Number (if applicable)

B. Determinations

1. I request the Acton Conservation Commission make the following determination(s). Check any that apply:

☐ a. whether the **area** depicted on plan(s) and/or map(s) referenced below is an area subject to jurisdiction of the Wetlands Protection Act.

☐ b. whether the **boundaries** of resource area(s) depicted on plan(s) and/or map(s) referenced below are accurately delineated.

☒ c. whether the **work** depicted on plan(s) referenced below is subject to the Wetlands Protection Act.

☐ d. whether the area and/or work depicted on plan(s) referenced below is subject to the jurisdiction of any **municipal wetlands ordinance** or **bylaw** of:

Town of Acton, Chapter F
Name of Municipality

☐ e. whether the following **scope of alternatives** is adequate for work in the Riverfront Area as depicted on referenced plan(s).

C. Project Description

1. a. Project Location (use maps and plans to identify the location of the area subject to this request):

149 Newtown Road	Acton
Street Address	City/Town
D-3	14
Assessors Map/Plat Number	Parcel/Lot Number

b. Area Description (use additional paper, if necessary):

Existing 50 foot wide gravel access drive to Grassy Pond Conservation Area (see attached map)

c. Plan and/or Map Reference(s):

USGS/Maynard Quad.	1987
Title	Date
Town of Acton Atlas, D3	Feb. 2013
Title	Date
Acton Engineering Dept/Proposed Gravel Parking Lot	May 20, 2014
Title	Date

2. a. Work Description (use additional paper and/or provide plan(s) of work, if necessary):

Improving gravel access to a new 3 car gravel parking lot. [See attached construction plan]

C. Project Description (cont.)

b. Identify provisions of the Wetlands Protection Act or regulations which may exempt the applicant from having to file a Notice of Intent for all or part of the described work (use additional paper, if necessary).

3. a. If this application is a Request for Determination of Scope of Alternatives for work in the Riverfront Area, indicate the one classification below that best describes the project.

- ☐ Single family house on a lot recorded on or before 8/1/96
- ☐ Single family house on a lot recorded after 8/1/96
- ☐ Expansion of an existing structure on a lot recorded after 8/1/96
- ☐ Project, other than a single family house or public project, where the applicant owned the lot before 8/7/96
- ☐ New agriculture or aquaculture project
- ☐ Public project where funds were appropriated prior to 8/7/96
- ☐ Project on a lot shown on an approved, definitive subdivision plan where there is a recorded deed restriction limiting total alteration of the Riverfront Area for the entire subdivision
- ☐ Residential subdivision; institutional, industrial, or commercial project
- ☐ Municipal project
- ☐ District, county, state, or federal government project
- ☐ Project required to evaluate off-site alternatives in more than one municipality in an Environmental Impact Report under MEPA or in an alternatives analysis pursuant to an application for a 404 permit from the U.S. Army Corps of Engineers or 401 Water Quality Certification from the Department of Environmental Protection.

b. Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classification above (use additional paper and/or attach appropriate documents, if necessary.)

Acton
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D. Signatures and Submittal Requirements

I hereby certify under the penalties of perjury that the foregoing Request for Determination of Applicability and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge.

I further certify that the property owner, if different from the applicant, and the appropriate DEP Regional Office were sent a complete copy of this Request (including all appropriate documentation) simultaneously with the submittal of this Request to the Conservation Commission.

Failure by the applicant to send copies in a timely manner may result in dismissal of the Request for Determination of Applicability.

Name and address of the property owner:

Town of Acton/ Conservation
Name

472 Main Street
Mailing Address

Acton
City/Town

MA — State
01720 — Zip Code

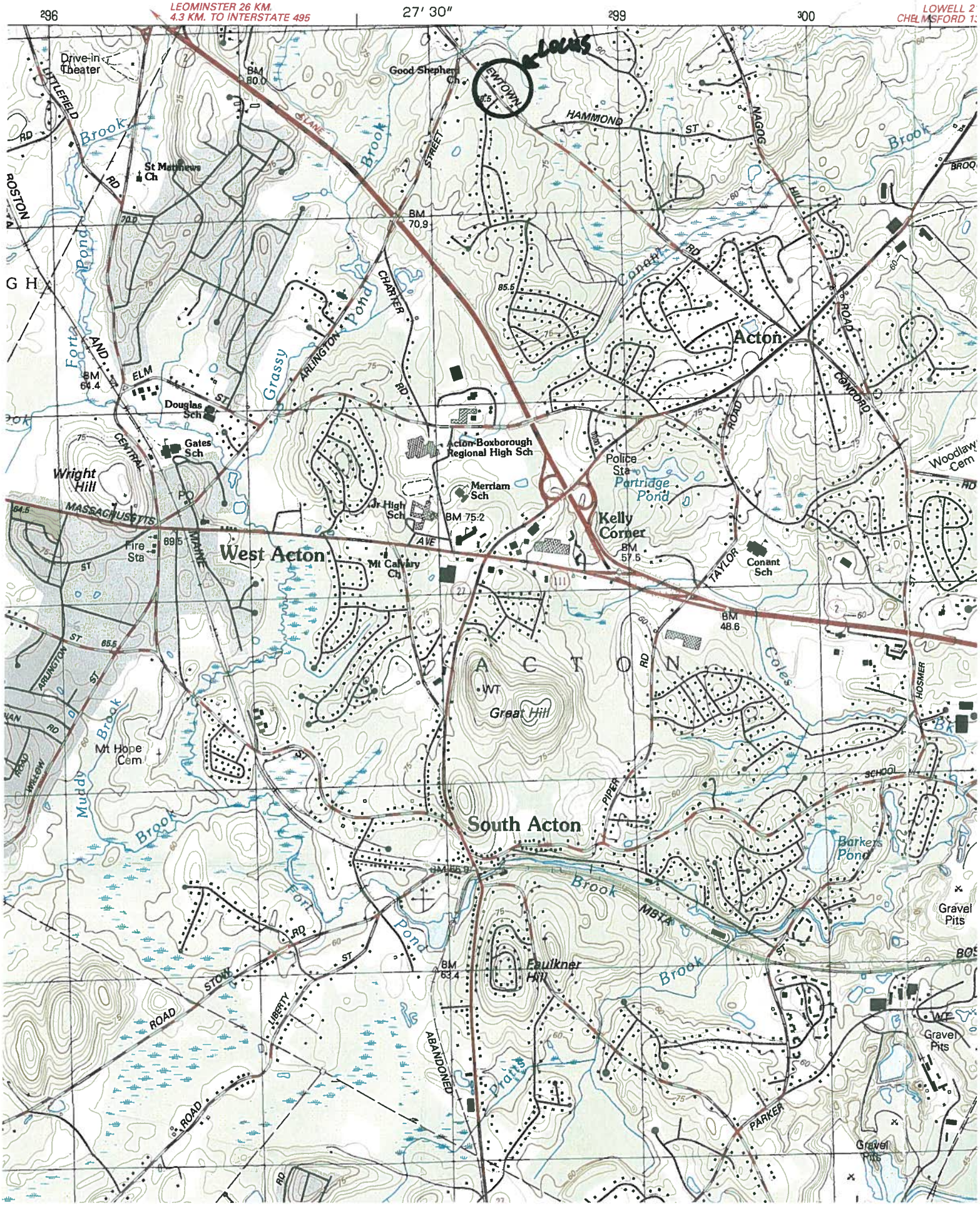
Signatures:

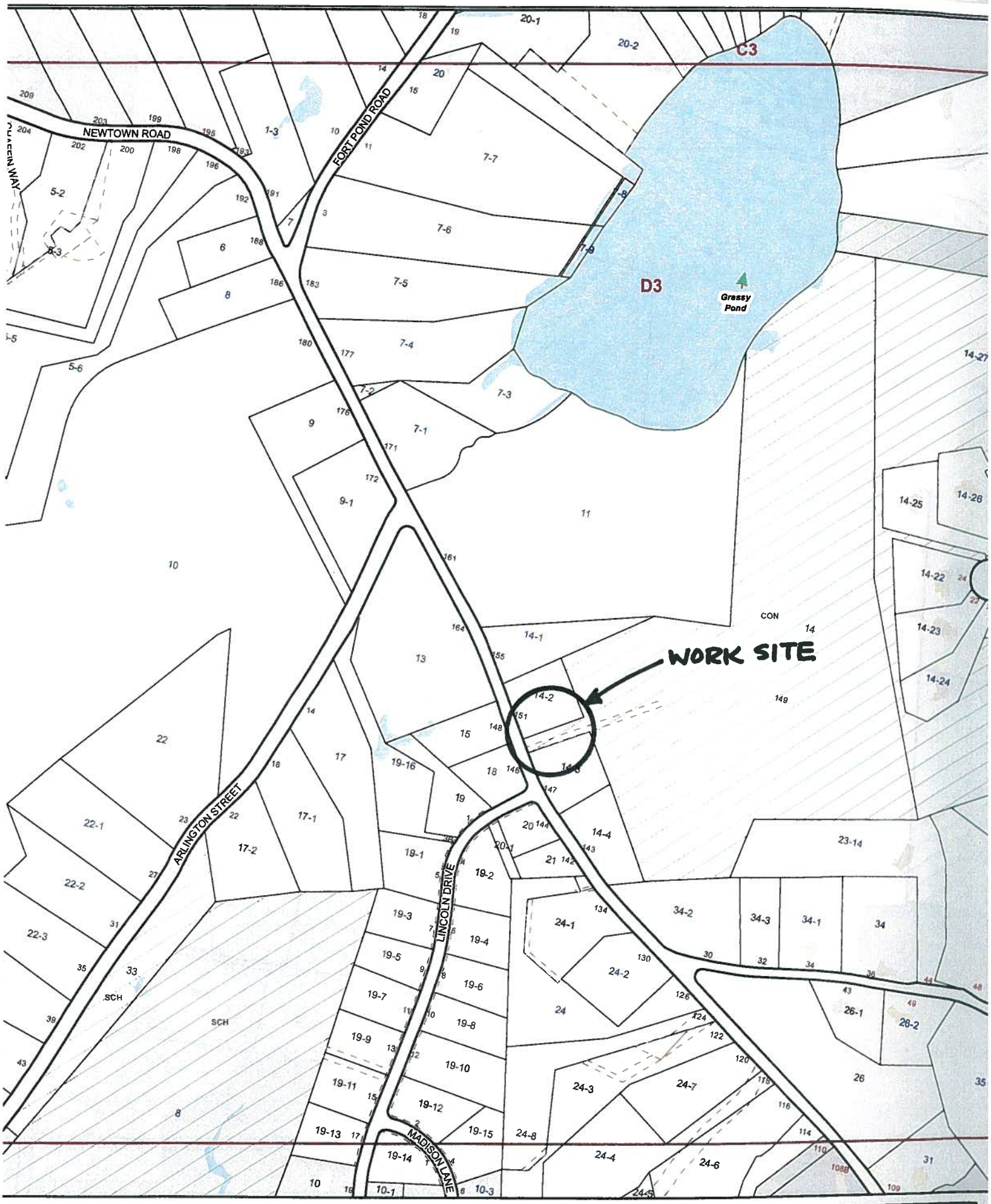
I also understand that notification of this Request will be placed in a local newspaper at my expense in accordance with Section 10.05(3)(b)(1) of the Wetlands Protection Act regulations.

Signature of Applicant — Date

Signature of Representative (if any) — Date

CHUSETTS MIDDLESEX COUNTY





1 inch = 400 feet

200 400 600 800 Feet

N

Town of Acton
MASSACHUSETTS

C2	C3	C4
D2	D3	D4
E2	E3	E4