



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection - Wetlands

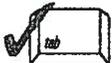
City/Town \_\_\_\_\_

**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: TRICIA EGGERT HEIDI VAUGHAN  
WEST HILL VENTURES  
 Name Tricia @ Westhill Ventures  
 E-Mail Address .com  
P.O. Box 23  
 Mailing Address  
WESTFORD  
 City/Town MA. 01886  
 State Zip Code  
978-340-2348  
 Phone Number Fax Number (if applicable)
2. Representative (if any):  
ABC CESS POOL CO  
 Firm  
RICHARD DOLAN  
 Contact Name DICK SLUDGE @ AOL.COM  
 E-Mail Address  
292 HIGH ST.  
 Mailing Address  
ACTON  
 City/Town MA. 01720  
 State Zip Code  
(978) 263-5802  
 Phone Number Fax Number (if applicable) 978 897 6492

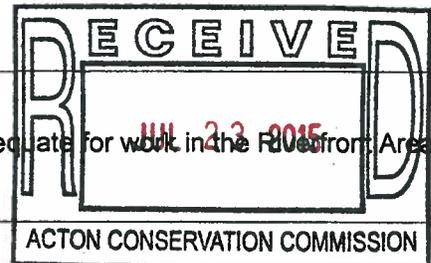
**B. Determinations**

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:

Acton  
Name of Municipality

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





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## C. Project Description

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

95 SUMMER ST.  
Street Address

ACTON  
City/Town

F-1  
Assessors Map/Plat Number

88-3  
Parcel/Lot Number

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

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

PROPOSED SEPTIC SYSTEM 95 SUMMER ST  
Title Date

Title Date

Title Date

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

REPLACE THE SEPTIC SYSTEM AT AN EXISTING HOUSE

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## 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).

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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.)

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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:

Name WEST VENTURES  
Mailing Address P.O. Box 23  
City/Town WESTFORD  
State MA. Zip Code 01886

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 \_\_\_\_\_  
[Signature] ABC CESSPOOL CO  
Signature of Representative (if any) \_\_\_\_\_

Date \_\_\_\_\_  
7/20/2015  
Date \_\_\_\_\_