



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

WPA Form 3 – Notice of Intent

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

Provided by MassDEP:

MassDEP File Number _____

Document Transaction Number _____

Acton _____

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):

36 Mohegan Road Acton 01720
 a. Street Address b. City/Town c. Zip Code

Latitude and Longitude: 42-29.483N 71-27.952W
 d. Latitude e. Longitude

D2 157
 f. Assessors Map/Plat Number g. Parcel /Lot Number

2. Applicant:

George Procter
 a. First Name b. Last Name

c. Organization _____

36 Mohegan Road
 d. Street Address

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

(978) 264-0301 _____
 h. Phone Number i. Fax Number

_____ gprocter@copleycontrols.com
 j. Email Address

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

_____ Procter
 a. First Name b. Last Name

c. Organization _____

d. Street Address _____

_____ MA _____
 e. City/Town f. State g. Zip Code

_____ _____
 h. Phone Number i. Fax Number

_____ gprocter@copleycontrols.com
 j. Email address

4. Representative (if any):

Wendy Diotalevi
 a. First Name b. Last Name

DC and Daughters
 c. Company

3 Kellett Dr.
 d. Street Address

Milford MA 01757
 e. City/Town f. State g. Zip Code

(508)277-6114 _____
 h. Phone Number i. Fax Number

_____ wendiotalevi@gmail.com
 j. Email address

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

\$110.00 \$42.50 \$67.50
 a. Total Fee Paid b. State Fee Paid c. City/Town Fee Paid



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

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

<u>Resource Area</u>	<u>Size of Proposed Alteration</u>	<u>Proposed Replacement (if any)</u>
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 3. cubic yards dredged	2. square feet

<u>Resource Area</u>	<u>Size of Proposed Alteration</u>	<u>Proposed Replacement (if any)</u>
d. <input type="checkbox"/> Bordering Land Subject to Flooding	1. square feet 3. cubic feet of flood storage lost	2. square feet 4. cubic feet replaced
e. <input type="checkbox"/> Isolated Land Subject to Flooding	1. square feet 2. cubic feet of flood storage lost	3. cubic feet replaced
f. <input type="checkbox"/> Riverfront Area	1. Name of Waterway (if available) - specify coastal or inland	

2. Width of Riverfront Area (check one):

- 25 ft. - Designated Densely Developed Areas only
- 100 ft. - New agricultural projects only
- 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? Yes No

6. Was the lot where the activity is proposed created prior to August 1, 1996? Yes No

3. Coastal Resource Areas: (See 310 CMR 10.25-10.35)

Note: for coastal riverfront areas, please complete **Section B.2.f.** above.



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C. Other Applicable Standards and Requirements

- This is a proposal for an Ecological Restoration Limited Project. Skip Section C and complete Appendix A: Ecological Restoration Notice of Intent – Required Actions (310 CMR 10.11).

Streamlined Massachusetts Endangered Species Act/Wetlands Protection Act Review

- 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 http://maps.massgis.state.ma.us/PRI_EST_HAB/viewer.htm.

- 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
 1 Rabbit Hill Road
 Westborough, MA 01581

- b. Date of map _____

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.2.f, 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).*

- c. Submit Supplemental Information for Endangered Species Review*

- Percentage/acreage of property to be altered:

(a) within wetland Resource Area _____ percentage/acreage

(b) outside Resource Area _____ percentage/acreage

- Assessor's Map or right-of-way plan of site

- 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

* Some projects not in Estimated Habitat may be located in Priority Habitat, and require NHESP review (see <http://www.mass.gov/eea/agencies/dfg/dfw/natural-heritage/regulatory-review/>). 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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Online Users:
Include your document transaction number (provided on your receipt page) with all supplementary information you submit to the Department.

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

4. 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
-
5. 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
6. 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
7. 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
 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

- This is a proposal for an Ecological Restoration Limited Project. Skip Section D and complete Appendix A: Ecological Restoration Notice of Intent – Minimum Required Documents (310 CMR 10.12).

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.



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

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

4. 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
5. 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
6. 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
7. 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
 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.

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Action
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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		4/4/16
2. Date		4.4.16
3. Signature of Property Owner (if different)		4. Date
4. Date		4/4/16
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.

George Or Phyllis Procter
36 Mohegan Rd
Acton, MA 01720

5-13/110 6571

April 4 20 16

PAY TO THE ORDER OF Commonwealth of Massachusetts | \$ 42.50

Forty two & 50/100 ————— **DOLLARS**  Security features are included. Details on back.

Bank of America
Newton Upper Falls
Newton, MA 02464

FOR _____ George Procter MP

⑆0⑆⑆000⑆38⑆ 000009⑆74567⑆⑆657⑆⑆

George Or Phyllis Procter
36 Mohegan Rd
Acton, MA 01720

5-13/110 6572

April 4 20 16

PAY TO THE ORDER OF Town of Acton | \$ 67.50

Sixty seven & 50/100 ————— **DOLLARS**  Security features are included. Details on back.

Bank of America
Newton Upper Falls
Newton, MA 02464

FOR _____ George Procter MP

⑆0⑆⑆000⑆38⑆ 000009⑆74567⑆⑆657⑆⑆

+ 1036 - 922.00

April 4, 2016

Re: 36 Mohegan Road Notice of Intent

Dear Resident,

As an abutter to 36 Mohegan Road Acton, MA you are being notified of the filing of a Notice of Intent with the Acton Conservation Commission and the MA Department of Environmental Protection. The filing is for the repair of a septic system on this property that is located in the buffer zone of a wetlands associated with Grassy Pond Brook. The project will consist of the excavation of the failed septic system and the reconstruction of a new septic system with limited grading changes.

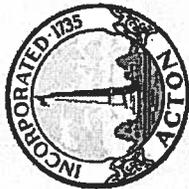
The Conservation Commission hearing will take place on April 20, 2016 at 7:30 pm at 472 Main St. Room 204 in Acton, MA

A copy of the Notice of Intent filing and plans may be reviewed during normal business hours at the Conservation Commission Office, 472 Main St. Acton, MA

You may call the Conservation Commission at (978) 929-6634 or Wendy Diotalevi, RS, the designer of the septic system, to answer any questions you may have.

Sincerely,

Wendy Diotalevi, RS
DC and Daughters
3 Kellett Drive
Milford, MA 01757
(508) 277-6114



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

Brian McMullen
 Principal Assessor

Locus: 36 Mohgan Rd
 Parcel ID: D2-157

Parcel ID	Location	Owner	Co-Owner	Mailing Address	City	ST	Zip
D2-133	37 MOHEGAN RD	JEANSON AARON		37 MOHEGAN RD	ACTON, MA	01720	
D2-156	84 SEMINOLE RD	ROGAN THOMAS P	ROGAN ANNE M	84 SEMINOLE RD	ACTON, MA	01720	
D2-167	34 MOHEGAN RD	GEEHAN WAYNE E ETUX		34 MOHEGAN RD	ACTON, MA	01720	
D2-179	32 MOHEGAN RD	MACNEILL JOHN A	MACNEILL REBECCA K	32 MOHEGAN RD	ACTON, MA	01720	
D2-180	35 MOHEGAN RD	WELLINGHOFF DAVID P	WELLINGHOFF SANDRA L	35 MOHEGAN RD	ACTON, MA	01720	
D2-191	33 MOHEGAN RD	BILLINGS SANDRA C		33 MOHEGAN RD	ACTON, MA	01720	

The owner of land sharing a common boundary or corner with the site of the proposed activity (100 feet) in any direction, including land located directly across a street, way, creek, river, stream, brook or canal. The above are as they appear on the most recent applicable taxes.

Marty Abbott

Marty Abbott
 Assessor's Clerk

6-Apr-16

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>ARROW JEANSON 37 MOHEGAN RD ACTON, MA 01720</p>  <p>9590 9403 0686 5196 3894 97</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery over \$500</p>
<p>2. Article Number (Transfer from service label)</p> <p>7013 1710 0000 9068 0458</p>	<p>PS Form 3811, April 2015 PSN 7530-02-000-9085 Domestic Return Receipt</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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<p>1. Article Addressed to:</p> <p>DAVID + SANDRA WELNHUTER 35 MOHEGAN RD. ACTON, MA 01720</p>  <p>9590 9403 0686 5196 3895 34</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery over \$500</p>
<p>2. Article Number (Transfer from service label)</p> <p>7006 3450 0001 9273 9349</p>	<p>PS Form 3811, April 2015 PSN 7530-02-000-9085 Domestic Return Receipt</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Thomas + Anne ROGAN 84 SEMINOLE RD ACTON, MA 01720</p>  <p>9590 9403 0686 5196 3895 03</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery over \$500</p>
<p>2. Article Number (Transfer from service label)</p> <p>7013 1710 0000 9068 0465</p>	<p>PS Form 3811, April 2015 PSN 7530-02-000-9085 Domestic Return Receipt</p>

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<p>1. Article Addressed to:</p> <p>SANDRA BILINGS 33 MOHEGAN RD ACTON, MA 01720</p>  <p>9590 9403 0686 5196 3895 41</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery over \$500</p>
<p>2. Article Number (Transfer from service label)</p> <p>7006 3450 0001 9273 9356</p>	<p>PS Form 3811, April 2015 PSN 7530-02-000-9085 Domestic Return Receipt</p>

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<p>1. Article Addressed to:</p> <p>WAYNE GERHAN 34 MOHEGAN RD ACTON, MA 01720</p>  <p>9590 9403 0686 5196 3895 10</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery over \$500</p>
<p>2. Article Number (Transfer from service label)</p> <p>7010 1060 0001 4174 1973</p>	<p>PS Form 3811, April 2015 PSN 7530-02-000-9085 Domestic Return Receipt</p>

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<p>1. Article Addressed to:</p> <p>JOHN + REBECCA MUESELER 32 MOHEGAN RD. ACTON, MA 01720</p>  <p>9590 9403 0686 5196 3895 27</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery over \$500</p>
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**36 Mohegan Road
Septic System Repair
Construction Sequence**

1. The Applicant will file the Order of Conditions at the Registry of Deeds
2. The Applicant will provide documentation of the recording to the Acton Conservation Commission and the septic designer Wendy Diotalevi, RS.
3. The Licensed Septic Installer (LSI) will place the erosion control in the area delineated on the approved septic design plan.
4. The LSI will notify the Acton Conservation Commission and Wendy Diotalevi, RS that the erosion control is in place and request an inspection.
5. Once the erosion control placement has been approved the LSI may commence construction of the septic system. The following activities must occur to install the septic system and the LSI will perform each task in an order that ensures compliance with all requirements of the wetlands filing and Title 5 of the State Environmental Code.
 - a. Pump and remove the existing septic tank.
 - b. Install a 1500 gallon septic tank at the correct horizontal and vertical location depicted on the approved septic plan. This tank may require pumping during the leach facility construction.
 - c. Excavate and remove all deleterious material encountered during the preparation of the leach facility. Place hay bales along the margin of any material that is temporarily stockpiled.
 - d. Fill the excavation with material meeting the requirements of Title 5 of the State Environmental Code.
 - e. Construct the leach trenches and install the distribution box connecting it to the septic tank and each trench lateral in the horizontal and vertical position depicted on the approved plan.
 - f. Backfill all septic system components
6. After backfilling is complete, the owner will ensure that all disturbed areas will be compacted, loamed and seeded and manage the site until sufficient growth has occurred to stabilize all disturbed areas.
7. The owner will file a request for a Certificate of Compliance in writing on the appropriate form to the Conservation Commission.
8. Once issued, the Certificate of Compliance shall be recorded by the APPLICANT in the Registry of Deeds, according to the procedures set forth in Section F8.2 of the Bylaw.
9. The Owner will remove the erosion control after recording the Certificate of Compliance from the Conservation Commission at the Registry of Deeds.