



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

A. General Information (continued)

6. General Project Description:

The project consists of the construction of a septic system within the buffer zone of a wetlands associated with Grassy Pond Brook. (see attached Proposed Sewage Disposal System design plan and Construction Sequence document attached to this NOI)

7a. Project Type Checklist: (Limited Project Types see Section A. 7b.)

- 1. Single Family Home
- 2. Residential Subdivision
- 3. Commercial/Industrial
- 4. Dock/Pier
- 5. Utilities
- 6. Coastal engineering Structure
- 7. Agriculture (e.g., cranberries, forestry)
- 8. Transportation
- 9. Other

7b. Is any portion of the proposed activity eligible to be treated as a limited project (including Ecological Restoration 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. (See 310 CMR 10.24 and 10.53 for a complete list and description of limited project types)

2. Limited Project Type

If the proposed activity is eligible to be treated as an Ecological Restoration Limited Project (310 CMR10.24(8), 310 CMR 10.53(4)), complete and attach Appendix A: Ecological Restoration Limited Project Checklist and Signed Certification.

8. Property recorded at the Registry of Deeds for:

South Middlesex County

a. County

17198

c. Book

b. Certificate # (if registered land)

401

d. Page Number

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

- 1. 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.
- 2. 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.



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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.

Table with 3 columns: Resource Area, Size of Proposed Alteration, Proposed Replacement (if any). Rows include Bank, Bordering Vegetated Wetland, and Land Under Waterbodies and Waterways.

Table with 3 columns: Resource Area, Size of Proposed Alteration, Proposed Replacement (if any). Rows include Bordering Land Subject to Flooding and Isolated Land Subject to Flooding.

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

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.

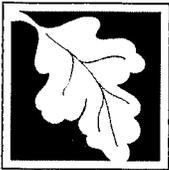
<u>Resource Area</u>	<u>Size of Proposed Alteration</u>	<u>Proposed Replacement (if any)</u>
a. <input type="checkbox"/> Designated Port Areas	Indicate size under Land Under the Ocean, below	
b. <input type="checkbox"/> Land Under the Ocean	_____	
	1. square feet	

	2. cubic yards dredged	
c. <input type="checkbox"/> Barrier Beach	Indicate size under Coastal Beaches and/or Coastal Dunes below	
d. <input type="checkbox"/> Coastal Beaches	_____	_____
	1. square feet	2. cubic yards beach nourishment
e. <input type="checkbox"/> Coastal Dunes	_____	_____
	1. square feet	2. cubic yards dune nourishment

	<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



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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

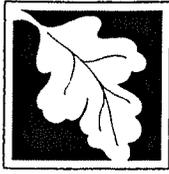
- Assessor's Map or right-of-way plan of site

- 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 **

- Project description (including description of impacts outside of wetland resource area & buffer zone)
- 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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C. Other Applicable Standards and Requirements (cont'd)

(c) MESA filing fee (fee information available at http://www.mass.gov/dfwele/dfw/nhosp/regulatory_review/ mesa/ mesa_fee_schedule.htm). 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

(f) 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, http://www.mass.gov/dfwele/dfw/nhosp/regulatory_review/ mesa/ mesa_exemptions.htm; 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

3. Separate MESA review completed. Include copy of NHESP "no Take" determination or valid Conservation & Management Permit with approved plan.

3. 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, hand delivery, or electronic delivery of NOI to either:

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

Division of Marine Fisheries -
Southeast Marine Fisheries Station
Attn: Environmental Reviewer
1213 Purchase Street – 3rd Floor
New Bedford, MA 02740-6694
Email: DMF.EnvReview-South@state.ma.us

North Shore - Hull to New Hampshire border:

Division of Marine Fisheries -
North Shore Office
Attn: Environmental Reviewer
30 Emerson Avenue
Gloucester, MA 01930
Email: DMF.EnvReview-North@state.ma.us

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.



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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.

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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D. Additional Information (cont'd)

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.

Proposed Sewage Disposal System

a. Plan Title

Wendy Diotalevi, RS

b. Prepared By

3/30/16

d. Final Revision Date

Wendy Diotalevi, RS

c. Signed and Stamped by

1" = 20'

e. Scale

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.

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:

6572

2. Municipal Check Number

6571

4. State Check Number

George

6. Payor name on check: First Name

4/4/16

3. Check date

4/4/16

5. Check date

Procter

7. Payor name on check: Last Name



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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

3. Signature of Property Owner (if different)

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.

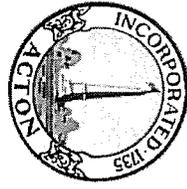
Bank of America
Newton Upper Falls
Newton, MA 02464

FOR _____ George Procter MP

⑆0⑆⑆000⑆38⑆ 000009⑆74567⑆657⑆

**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.



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"/> Address</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 If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>ARRON JEANSON 37 MOHEGAN RD ACTON, MA 01720</p>  <p>9590 9403 0686 5196 3694 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™ Insured Mail <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 7530-02-000-8008 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"/> Address</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 If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>DAVID + SANDRA WELLS 35 MOHEGAN RD. ACTON, MA 01720</p>  <p>9590 9403 0686 5196 3695 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™ Insured Mail <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 7530-02-000-8008 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"/> Address</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 If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Thomas Anne Rogan 84 Seminole Rd Acton, MA 01720</p>  <p>9590 9403 0686 5196 3695 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™ Insured Mail <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 7530-02-000-8008 Domestic Return Receipt</p>

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<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"/> Address</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 If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Sandra Billing 33 Mohegan Rd Acton, MA 01720</p>  <p>9590 9403 0686 5196 3695 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™ Insured Mail <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 7530-02-000-8008 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"/> Address</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 If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Wayne Gerhan 34 Mohegan Rd Acton, MA 01720</p>  <p>9590 9403 0686 5196 3695 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™ Insured Mail <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 7530-02-000-8008 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"/> Address</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 If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>John + Rebecca MacNeil 32 Mohegan Rd. Acton, MA 01720</p>  <p>9590 9403 0686 5196 3695 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™ Insured Mail <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 1980</p>	<p>PS Form 3811, April 2015 PSN 7530-02-000-8008 Domestic Return Receipt</p>

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
Thomas Anne Rogan
84 SEHUNOLE RD
ACTON, MA 01720

9590 9403 0686 5196 3895 03
7013 1710 0000 9068 0465

Article Number (Transfer from service label)
7013 1710 0000 9068 0465

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? Yes/No

3. Service Type
4. Adult Signature Restricted Delivery
5. Certified Mail Restricted Delivery
6. Return Receipt for Merchandise
7. Signature Confirmation Restricted Delivery
8. Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
MA DEP Northeast Region
205 B Lowell St
WILMINGTON, MA 01887

9590 9403 0686 5196 3894 73
7006 3450 0001 9276 2545

Article Number (Transfer from service label)
7006 3450 0001 9276 2545

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? Yes/No

3. Service Type
4. Adult Signature Restricted Delivery
5. Certified Mail Restricted Delivery
6. Return Receipt for Merchandise
7. Signature Confirmation Restricted Delivery
8. Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
JOHN + REBECCA MAHEU
32 MOHEGAN RD.
ACTON, MA 01720

9590 9403 0686 5196 3895 27
7010 1040 0001 4174 1980

Article Number (Transfer from service label)
7010 1040 0001 4174 1980

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? Yes/No

3. Service Type
4. Adult Signature Restricted Delivery
5. Certified Mail Restricted Delivery
6. Return Receipt for Merchandise
7. Signature Confirmation Restricted Delivery
8. Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
2. Print your name and address on the reverse so that we can return the card to you.
3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
ARROW JEFFERSON
37 MOHEGAN RD
ACTON, MA 01720

9590 9403 0686 5196 3894 97
7013 1710 0000 9068 0458

Article Number (Transfer from service label)
7013 1710 0000 9068 0458

PS Form 3811, April 2015 PSN 7530-02-000-9053

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.

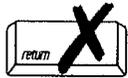
Sincerely,

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



Massachusetts Department of Environmental Protection
 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:

36 Mohegan Road Acton
 a. Street Address b. City/Town
6571 \$42.50
 c. Check number d. Fee amount

2. Applicant Mailing Address:

George Procter
 a. First Name b. Last Name

 c. Organization
36 Mohegan Road
 d. Mailing Address
Acton MA 01720
 e. City/Town f. State g. Zip Code
(978) 264-0301 gprocter@coplrycontrols.com
 h. Phone Number i. Fax Number j. Email Address

3. Property Owner (if different):

 a. First Name b. Last Name

 c. Organization

 d. Mailing Address

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

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

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.

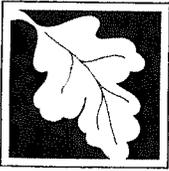
Step 3/Individual Activity Fee: Identify each activity fee from the six project categories listed in the instructions.

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.

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



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

B. Fees (continued)

Step 1/Type of Activity	Step 2/Number of Activities	Step 3/Individual Activity Fee	Step 4/Subtotal Activity Fee
Category 1e - Septic Construction	1	\$110.00	\$110.00

Step 5/Total Project Fee: \$110.00

Step 6/Fee Payments:

Total Project Fee:	\$110.00
State share of filing Fee:	\$42.50
City/Town share of filing Fee:	\$67.50
	a. Total Fee from Step 5
	b. 1/2 Total Fee less \$12.50
	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.)