



**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:  
 Name: Robert Bettinson  
 Mailing Address: 308 Central Street  
 City/Town: Acton, MA  
 Phone Number: 978-263-1468  
 E-Mail Address: bettinson@juno.com  
bettinson@verizon.net  
 State: MA Zip Code: 01720  
 Fax Number (if applicable): 781-648-0638

2. Representative (if any):

Firm \_\_\_\_\_  
 Contact Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number (if applicable) \_\_\_\_\_

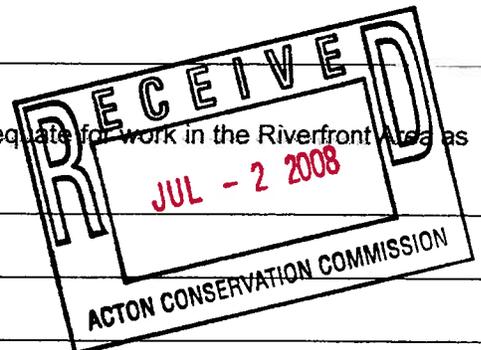
**B. Determinations**

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:

Name of Municipality \_\_\_\_\_

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





**WPA Form 1- Request for Determination of Applicability**  
Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

**C. Project Description**

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

45 Taylor Road	Acton
Street Address	City/Town
F-3	PCI 79
Assessors Map/Plat Number	Parcel/Lot Number

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

Residence

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

Acton Town Atlas	Jan 1, 2007
Title	Date
Septic System Design Plan	2/19/08
Title	Date
Title	Date

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

repair of existing septic system.  
(see attached plan)



**WPA Form 1- Request for Determination of Applicability**

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

**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.)

---

---

---



# WPA Form 1- Request for Determination of Applicability

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

## 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:

Robert & Stacie Bettinson

Name

308 Central 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

7/2/08

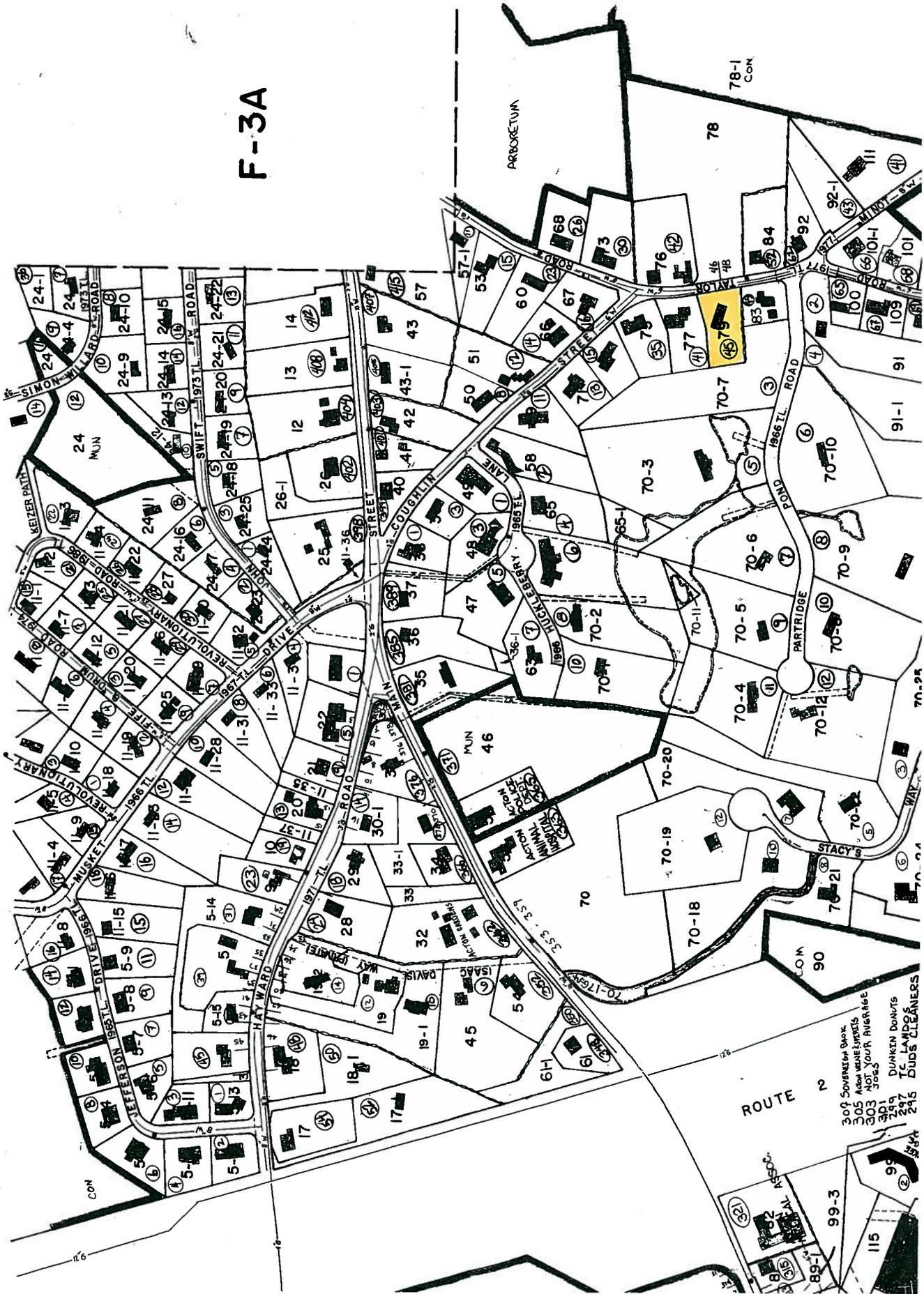
Date

Signature of Representative (if any)

Date

F-3

F-3A



- 309 SOVEREIGN BANK
- 305 ASH WINE/BEVERAGES
- 303 NOT YOUR AVERAGE
- 302S
- 309A
- 309B
- 297 DUNKEN DONUTS
- 295 TC LA APPARELERS

PERMIT NUMBER: 08-04NR

FEE: 165

**TOWN OF ACTON – BOARD OF HEALTH**

DATE: April 7, 2008

**THIS IS TO CERTIFY THAT Gaston De Los Reyes  
of 45 Taylor Road, Acton, MA 01720**

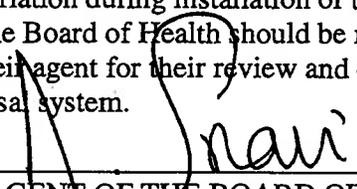
Is Hereby granted permission to have a licensed installer install a  
**SEWERAGE DISPOSAL SYSTEM** on the premises at  
**45 Taylor Road, Acton, MA 01720**

In accordance with an application received by the Board of Health on April 7, 2008  
and the approved plans:

**By Norman G. Hill, PE dated 4/2/2008**

Approval is subject to limiting the rate of sewage disposal to not more than **660** gallons per day  
and pumping the septic tank every two years.

This permit expires on **April 7, 2010**. Any variation during installation of the sewerage  
disposal system from the plans approved by the Board of Health should be reported to the  
design engineer and the Board of Health or their agent for their review and comment prior to  
continuing construction of the sewerage disposal system.

  
\_\_\_\_\_  
AGENT OF THE BOARD OF HEALTH

Violation of any of the requirements or conditions will cause revocation of this permit.

**GENERAL REQUIREMENTS AND CONDITIONS**

This installation requires compliance with Acton Board of Health regulations #11-2, #11-3,  
#11-3.1, #11-3.2, #11-11, #11-11.1, #11-11.2, #11-11.3. In summary these regulations require  
that the owner of the land is responsible for all work being done in compliance with the  
approved applications and plans. All work performed must be by a Disposal Works Installer  
who is licensed by the Town of Acton and all work must be inspected and approved by the  
Board of Health or its agent.

- In addition the Board of Health requires inspection of all construction by a Registered Professional Engineer and requires that such engineer certify in writing that all work has completed in accordance with the terms of the permit and the approved plans.

