<u>Boxford Conservation Commission</u> <u>Application Checklist-Notice of Intent (NOI)</u>

This checklist is designed to assist the applicant in preparing a complete Notice of Intent application. One completed copy of the checklist should be submitted with the application. One (1) original and (7) copies of the NOI forms, plans and appurtenant data listed below are required to be submitted for a complete application

The following are required as part of a complete NOI application and are attached:

△ Attached	Completed Notice of Intent form (available from the Conservation Office or at http://www.mass.gov/dep/appkits/wpaform3.pdf). (Note: A copy of a complete NOI must also be mailed to the MassDEP NERO, 205B Lowell Street, Wilmington, MA 01887.)
⊠ Attached	Site Plan. See next page for required elements of plan.
△ Attached	List of abutters within 250' of the project parcel(s) (and all pond abutters if applicable), prepared and certified by the Town Assessor's Office. (Note: A notice of public hearing will be prepared by the Conservation office and provided to the applicant when the application is submitted. At the public hearing, the applicant must provide evidence that the notice was mailed to each of the persons on the certified abutters list.)
⊠ Attached	A copy of a check made out in the correct amount to the Department of Environmental Protection and a copy of a completed State Wetlands Fee Transmittal Form. (Note: the applicant is responsible for mailing this check along with a completed State Wetlands Fee Transmittal Form to the DEP "Lockbox" at Box 4062, Boston MA 02211.)
⊠ Attached	A check for local filing fees made out in the correct amount to the "Town of Boxford".
☐ Attached ⊠ N/A	Proof of mailing or proof of hand delivery to the Natural Heritage and Endangered Species Program, if applicable.
⊠ Attached □ N/A	Evidence that all other Boxford Bylaw permit applications relevant to the project have been filed, if applicable (e.g., Board of Health, Zoning Board of Appeals). Please list all other Bylaw permit filings: Board of Health Application for Disposal System Construction Permit & Application for Variance.

The following mu	st be shown on the site plan attached to the application:
⊠ Shown	All appropriate plan requirements listed in Section 375-5(A)(1)(b) of the Town of Boxford Wetland Protection Bylaw Regulations.
⊠ Shown	The signature and stamp of a Registered Professional Land Surveyor, Registered Sanitarian, or Registered Professional Engineer, and the identity of the firm/person that delineated the wetland resource area
⊠ Shown	Boundaries of all wetland resource areas (e.g., bordering vegetated wetland, bordering land subject to flooding). All demarcation flags must be located by survey in the field and shown on the plan.
⊠ Shown	All wetland resource area setback lines (e.g., 100' Limit of Jurisdiction, 200' Riverfront, 25' No Disturb, 75' No Build).
⊠ Shown	Existing contour information and proposed grading.
⊠ Shown	Existing site conditions and proposed changes including structures, pavement, landscaping, underground utilities and building overhangs. (Note: it may be necessary to show areas outside of the limits of jurisdictional wetland area in order to provide adequate information for the Commission to properly review the project.)
⊠ Shown	All erosion / sedimentation control measures.
⊠ Shown	Pre- and post-development overstory tree line within jurisdictional area and a calculation of the percent removal of overstory trees within the "discretionary cutting area" (see Section 375-4(A) and Section 375-98(D)(2) of the Boxford Wetlands Protection Regulations).
Applications sub	ject to the DEP Stormwater Management Policy must include the
following: (The pl Office and the Box) *N/A*	an and supporting documentation must also be mailed to the DEP Northeast
☐ Attached	Completed DEP Stormwater Management Form.

☐ Attached	Completed DEP Stormwater Management Form.
□Attached	Stormwater & flood calculations using the Cornell Atlas rainfall estimates, prepared by a Professional Engineer.
☐ Attached	Operations and Maintenance Plan.
☐Attached	A stormwater management plan showing stormwater management features highlighted in separate colors, per section 375-5(A)(1)(d) of the Boxford Wetlands Protection Bylaw Regulations.



August 5, 2015

Ms. Kendell Longo Board of Health 7A Spofford Road Boxford, MA 01921

Re: Septic Repair – 39 King John Drive

Dear Ms. Longo:

Our office has been contracted by Marianne Rutter, owner of the above referenced property, to design/permit a replacement sanitary disposal system. The existing system on the property is failing and needs to be replaced. This is a voluntary upgrade, and there is no proposed increase in the design flow of the dwelling.

The existing property is surrounded by wetland resource areas. The only areas greater than 100 feet from the wetlands are not large enough for a leaching facility or are within 100 feet of the existing well. Because of the limited space we are proposing a leaching facility less than 100 feet from the wetlands. Therefore, the proposed design will require relief from your local Board of Health regulations.

Because of the close proximity to the wetland resource areas we have designed an alternative technology, the Presby Enviroseptic Wastewater Treatment System, that will provide additional treatment of the effluent prior to its discharge into the ground. As you are aware the Presby System is an alternative technology approved by the DEP, remedial use approval letter attached, which allows several design reductions if approved by the local approving authority; we will not be requesting any of those reductions. We will be requesting relief from your local bylaw to allow a leaching facility 76 feet from a wetland resource area. The following variances are being requested from your local Board of Health Regulation Chapter 201 Sections 201-9 (B) and (E) and are as follows:

- 1. Allow a leaching facility to be installed less than 100 feet from a wetland resource area (Section 201-9 (B))
- 2. Allow a leaching facility to be installed less than 150 feet from a wetland resource area in an area with a percolation rate less than 5 minutes per inch (Section 201-9 (E))

By examining the plan you will note that the proposed Presby System is 100 feet from the wetlands to the east and 76 feet from the wetlands to the west. The reason we did not split the difference between the two wetlands is that the wetlands to the east is located downslope from the system and had standing water in it so we felt that we should maintain a 100 foot setback from that wetland if possible. A knoll exists between the Presby System and the wetlands to the

west. Even though the knoll most likely does not provide any protection from the flow underground the surface runoff does not head in that direction. Since we know there is ledge in the area there may be ledge under that knoll which creates somewhat of a physical barrier between the leaching facility and the wetlands to the west.

It is our understanding that in situations where the proposed leaching facility cannot be located a minimum of 100 feet from wetland resource areas the Boxford Board of Health has required additional treatment of the septic system effluent through the use of an approved alternative pre-treatment system like the Waterloo Biofilter or a F.A.S.T. tank. The reason we chose the use of a Presby System is because it is considered an alternative technology that does provide better treatment than a conventional stone and pipe system. As you are aware the DEP developed a policy that if the cost of a septic system installation, including engineering/permitting, exceeds 10% of the assessed value of the property then they recommend that the local Board of Health look a granting waivers or variances to their more stringent regulations; the Boxford Board of Health has implemented this policy in the past. Based on our initial cost estimates we believe that the cost of the design, permitting and installation of the proposed system will exceed 10% of the assessed value of the property if a pre-treatment system was incorporated into the design. We shall provide the Board of Health with at least two proposals from reputable septic system installers for the cost of the installation of the system as designed.

Please find enclosed our application for a Disposal System Construction Permit, 4 prints of the Sanitary Disposal System Upgrade design plan, the required soil evaluation forms, remedial use approval letter and your local Board of Health Application for Variance.

We look forward to meeting with the Board of Health at their next regularly scheduled meeting on Monday, August 31, to review this project.

If you should have any questions regarding this information please do not hesitate to contact our office.

Sincerely,

THE MORIN-CAMERON GROUP, INC.

John M. Morin, PE

John M. Mouin

Principal

JMM/kmm

Enclosures

cc: Marianne Rutter

F:\KATHYM\Rutter 3356\Board of Health\BBH Variance Letter.doc



Commonwealth of Massachusetts City/Town of Boxford **Application for Disposal System Construction Permit**

100.00	

Number

Form 1A

DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

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



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Α	. Facility Information		
Ар	Repair or	a new on-site sewage dispo replace an existing on-site so replace an existing system c	ewage disposal system
1.	Location of Facility:		
	39 King John Drive Address or Lot #		
	Boxford	MA	Ó1921
	City/Town	State	Zip Code
2.	Owner Information		
	Marianne Rutter		
	Name		
	Address (if different from above)		
	City/Town	State	Zip Code
		978-887-3453	p
		Telephone Number	
3.	Installer Information		
	Name	Name of Company	
	Address		
	City/Town	State	Zip Code
		Telephone Number	
4.	Designer Information		
	John M. Morin, PE	The Morin-Cameron G	roup, Inc.
	Name	Name of Company	
	447 Boston Street Address		
	Topsfield	MA	01983
	City/Town	State	Zip Code
		978-887-8586	

Telephone Number



Commonwealth of Massachusetts

City/Town of Boxford Application for Disposal System Construction Permit

Number	
\$100.00	•
Fee	

	Facility Information	n (continued)		
5.	Type of Building:			
	□ Dwelling		□ Garbage Grind	er (check if present)
	Other: Type of Building		-	
	Showers	Number of showers	☐ Cafeteria	Number of Persons Served Other fixtures
	Specify other fixtures:	Number of Showers		
	Design Flow:		Gallons per Day	
	Calculated Daily Flow:		Gallons	rinder per Boxford regs.)
	Plan: 3 Number of Sheets Sanitary Disposal System F		August 5, 2015 Date of Original Revision Date	
	Rutter, prepared by The Mo	mi-Cameron Group, n	ic. (Plan # 5-3356)	
	Description of Soil: See plan			
			and Presby enviro-sept	ic leaching facility.
	See plan Nature of Repairs or Alterati		and Presby enviro-sept	ic leaching facility.
	See plan Nature of Repairs or Alterati		and Presby enviro-sept	ic leaching facility.



Commonwealth of Massachusetts City/Town of Boxford Application for Disposal System

Number	
\$100.00	

	onstruction Permit	Fee	
В.	Agreement		
	The undersigned agrees to ensure the construction sewage disposal system in accordance with the pronot to place the system in operation until a Certifica Health. Signature Application Approved By:	visions of Title 5 of the Environmental Code and te of Compliance has been issued by this Board o	
	Name	Date	
	Application Disapproved for the following reasons:		

	770
MARIANNE C P RUTTER 39 KING JOHN DR BOXFORD, MA 01921-1737 (978) 887-3453	772 53-13/110 MA 26764 26764
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The Commonwealth of Massachusetts <u>Town of Boxford</u>



7A Spofford Road Boxford, Massachusetts 01921 Board of Health [978] 887-6000 Ext 172

APPLICATION FOR VARIANCE

Owner/Agent Marianne Rutter Phone 978-887-3453
Mailing Address 39 King John Drive, Boxford
Name of Establishment 39 King John Drive, Boxford
Property Description (approx. address & Assessor's Map, Block and Lot #) Map 20, Block 7, Lot 12
Abutters within a 500 ft. radius from subject property. (Name and mail address*) See attached list.
* It is the responsibility of the owner/agent to notify abutters regarding this petition by certified return receipt mail at least 10 days before the Board of Health Meeting. Proof of mailing (white receipts) is to be submitted to the Board of Health office at least five (5) days prior to the meeting date. Green cards are to be submitted at the time of the hearing. Failure to notify property abutters may be grounds for denial of the petition.
Describe the specific variance requested and the reasons therefore. Supply four (4) accurate copies of any plot plans, sewage system designs, or other information necessary for proper review of this application (use the back of this form if more space is needed).
See letter attached.
8/5/15 Date John M. Morin (as authorized Signature

Printed on recycled paper

Authorization Form

39 King John Drive, Boxford

I, Marianne Rutter, authorize The Morin-Cameron Group to sign any and all applications to the Town of Boxford on my behalf regarding the above-referenced property.



Important: When filling out forms on the

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.

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 & Under the Town of Boxford Wetland Protection Bylaw

ide	d by Mass[DEP:
Ma	ssDEP File	Number
Do	cument Tra	ansaction Number
В	xford	
Ci	y/Town	

A. General Information

39 King John Drive	e	Boxford	01921
a. Street Address		b. City/Town	c. Zip Code
Latitude and Longi	itude:	d. Latitude	-14 3 1
Map 20, Block 7			e. Longitude
f. Assessors Map/Plat I	Number	Parcel 12	
·	Number	g. Parcel /Lot Number	•
Applicant:			
Marianne		Rutter	
a. First Name		b. Last Name	
c/o The Morin-Can	neron Group, Inc.		
c. Organization			
447 Boston Street			
d. Street Address			
Topsfield		MA	01983
e. City/Town		f. State	g. Zip Code
978-887-8586	978-887-3480	john@morincameron.	
h. Phone Number	i. Fax Number	j. Email Address	COIT
a. First Name		b. Last Name	
a. First Name c. Organization		b. Last Name	
		b. Last Name	
c. Organization		b. Last Name	g. Zip Code
c. Organization d. Street Address	i. Fax Number		g. Zip Code
c. Organization d. Street Address e. City/Town		f. State	g. Zip Code
c. Organization d. Street Address e. City/Town h. Phone Number		f. State	g. Zip Code
c. Organization d. Street Address e. City/Town h. Phone Number Representative (if		f. State j. Email address	g. Zip Code
c. Organization d. Street Address e. City/Town h. Phone Number Representative (if John	any):	f. State j. Email address Morin	g. Zip Code
c. Organization d. Street Address e. City/Town h. Phone Number Representative (if John a. First Name	any):	f. State j. Email address Morin	g. Zip Code
c. Organization d. Street Address e. City/Town h. Phone Number Representative (if John a. First Name The Morin-Camero	any): on Group, Inc.	f. State j. Email address Morin	g. Zip Code
c. Organization d. Street Address e. City/Town h. Phone Number Representative (if John a. First Name The Morin-Camero c. Company	any): on Group, Inc.	f. State j. Email address Morin	g. Zip Code
c. Organization d. Street Address e. City/Town h. Phone Number Representative (if John a. First Name The Morin-Camero c. Company 447 Boston Street d. Street Address	any): on Group, Inc.	f. State j. Email address Morin b. Last Name	
c. Organization d. Street Address e. City/Town h. Phone Number Representative (if John a. First Name The Morin-Camero c. Company 447 Boston Street	any): on Group, Inc.	f. State j. Email address Morin b. Last Name	01983
c. Organization d. Street Address e. City/Town h. Phone Number Representative (if John a. First Name The Morin-Camero c. Company 447 Boston Street d. Street Address Topsfield e. City/Town	any): on Group, Inc.	f. State j. Email address Morin b. Last Name MA f. State	01983 g. Zip Code
c. Organization d. Street Address e. City/Town h. Phone Number Representative (if John a. First Name The Morin-Camero c. Company 447 Boston Street d. Street Address Topsfield	any): on Group, Inc.	f. State j. Email address Morin b. Last Name	01983 g. Zip Code
c. Organization d. Street Address e. City/Town h. Phone Number Representative (if John a. First Name The Morin-Camero c. Company 447 Boston Street d. Street Address Topsfield e. City/Town 978-887-8586 h. Phone Number	any): on Group, Inc. 978-887-3480	f. State j. Email address Morin b. Last Name MA f. State john@morincameron. j. Email address	01983 g. Zip Code
c. Organization d. Street Address e. City/Town h. Phone Number Representative (if John a. First Name The Morin-Camero c. Company 447 Boston Street d. Street Address Topsfield e. City/Town 978-887-8586 h. Phone Number	978-887-3480 i. Fax Number	f. State j. Email address Morin b. Last Name MA f. State john@morincameron. j. Email address ee Transmittal Form):	01983 g. Zip Code



WPA Form 3 – Notice of Intent

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40 & Under the Town of Boxford Wetland Protection Bylaw

A CONTRACTOR OF THE PARKS	ided by MassDEP:
	MassDEP File Number
	Document Transaction Numbe
	Boxford
	City/Town

A. General Information (continued)

6. General Project Description:

The proposed project involves the installation of a septic tank, pump chamber, force main, portion of a leaching facility and associated grading within the 100 foot wetland buffer zone. The project also includes the abandonment of the existing septic tank and leach field which are located within the 100 foot wetland buffer zone.							
7a.	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.	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 Lin Project Checklist and Signed Certification.							
8.	Property recorded at the Registry of Deeds for:						
	Essex South						
	a. County 7826	b. Certificate # (if registered land) 525					
	c. Book	d. Page Number					
B.	Buffer Zone & Resource Area Impa	acts (temporary & permanent)					
1.	☐ Buffer Zone Only – Check if the project is located	ed only in the Buffer Zone of a Bordering					
2.	Vegetated Wetland, Inland Bank, or Coastal Resource Area. 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.						



WPA Form 3 – Notice of Intent

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40 & Under the Town of Boxford Wetland Protection Bylaw

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Boxfor	d	es # 4.00 (xc.)	
City/Tow	'n		

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

Resource Area Size of Proposed Alteration Proposed Replacement (if any) a. 🗌 Bank 1. linear feet 2. linear feet b. П Bordering Vegetated Wetland 1. square feet 2. square feet с. П Land Under 1. square feet 2. square feet Waterbodies and Waterways 3. cubic yards dredged Resource Area Size of Proposed Alteration Proposed Replacement (if any) Bordering Land Subject to Flooding 1. square feet 2. square feet 3. cubic feet of flood storage lost 4. cubic feet replaced e. 🗌 Isolated Land Subject to Flooding 1. square feet 2. cubic feet of flood storage lost 3. cubic feet replaced f. 🗔 Riverfront Area 1. Name of Waterway (if available) - specify coastal or inland 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.

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



WPA Form 3 – Notice of Intent

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40 & Under the Town of Boxford Wetland Protection Bylaw

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Boxford	
City/Town	

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.

Resource Area		Size of Proposed	Alteration	Proposed Replacement (if any)	
a. 🔲	Designated Port Areas	Indicate size under Land Under the Ocean, below		the Ocean, below	
b. 🔲	Land Under the Ocean	1. square feet			
		2. cubic yards dredge	d		
c. 🗌	Barrier Beach	Indicate size unde	er Coastal Beach	nes and/or Coastal Dunes below	
d. 🔲	Coastal Beaches	1. square feet		2. cubic yards beach nourishment	
е. 🗌	Coastal Dunes	1. square feet		2. cubic yards dune nourishment	
		Size of Proposed	Alteration	Proposed Replacement (if any)	
f	Coastal Banks Rocky Intertidal	1. linear feet			
g. 🔲	Shores	1. square feet			
h. 🗌	Salt Marshes	1. square feet		2. sq ft restoration, rehab., creation	
i. 🗌	Land Under Salt Ponds	1. square feet			
		2. cubic yards dredge	d		
j 🗌	Land Containing Shellfish	1. square feet	•		
k. 🗌	Fish Runs	Indicate size undo Ocean, and/or inl above	er Coastal Banks and Land Under	s, inland Bank, Land Under the Waterbodies and Waterways,	
		1. cubic yards dredge	d		
I. 🔲	Land Subject to Coastal Storm Flowage	1. square feet			
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 Sa	alt Marsh	
☐ Pro	oject Involves Stream Cros	sings			
a. numb	er of new stream crossings		b. number of replace	ement stream crossings	
				on on one	

4.

5.



WPA Form 3 – Notice of Intent

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40 & Under the Town of Boxford Wetland Protection Bylaw

Pro	vided by MassDEP:
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	Boxford
	City/Town

C.	ther Applicable Standards and Requirements	
	nis is a proposal for an Ecological Restoration Limited Project. Skip Section C and	

	complete Appendix A: Ecological Restoration I 10.11).	n Limited Project. Skip Section C and Notice of Intent – Required Actions (310 CMR
Str	reamlined Massachusetts Endangered Speci	ies Act/Wetlands Protection Act Review
1.	Is any portion of the proposed project located in Es the most recent Estimated Habitat Map of State-Lis Natural Heritage and Endangered Species Program <i>Massachusetts Natural Heritage Atlas</i> or go to http://maps.massgis.state.ma.us/PRI EST HAB/vin	sted Rare Wetland Wildlife published by the n (NHESP)? To view habitat maps, see the
	a. Yes No If yes, include proof of m	ailing or hand delivery of NOI to:
	Natural Heritage and Er Division of Fisheries and 1 Rabbit Hill Road b. Date of map Natural Heritage and Er Division of Fisheries and 1 Rabbit Hill Road Westborough, MA 0158	
	If yes, the project is also subject to Massachusetts CMR 10.18). To qualify for a streamlined, 30-day, Not complete Section C.1.c, and include requested mast complete Section C.1.f, if applicable. If MESA supply completing Section 1 of this form, the NHESP was up to 90 days to review (unless noted exceptions in	MESA/Wetlands Protection Act review, please terials with this Notice of Intent (NOI); OR please the side of the si
	c. Submit Supplemental Information for Endangere	d Species Review*
	1. Percentage/acreage of property to be a	altered:
	(a) within wetland Resource Area	percentage/acreage
	(b) outside Resource Area	percentage/acreage
	2. Assessor's Map or right-of-way plan of	site
2. Project plans for entire project site, including wetland resource areas and areas outsi wetlands jurisdiction, showing existing and proposed conditions, existing and proposed tree/vegetation clearing line, and clearly demarcated limits of work **		ed conditions, existing and proposed
	(a) Project description (including description buffer zone)	on of impacts outside of wetland resource area &
	(b) Photographs representative of the site	

wpaform3.doc • rev. 4/22/2015 Page 5 of 9

^{*} 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.



WPA Form 3 – Notice of Intent

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40 & Under the Town of Boxford Wetland Protection Bylaw

Pro	vided by MassDEP:
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	Boxford
	City/Town

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

<u>http://w</u> Make c	MESA filing fee (fee information available at http://www.mass.gov/dfwele/dfw/nhesp/regulatory review/mesa/mesa fee schedule.htm). Make check payable to "Commonwealth of Massachusetts - NHESP" and <i>mail to NHESP</i> at above address					
Projects	Projects altering 10 or more acres of land, also submit:					
(d)	Vegetation cover type map of site					
(e)	Project plans showing Priority & Estimat	ted Habitat boundaries				
(f) OR	Check One of the Following					
1. 🗌	Project is exempt from MESA review. Attach applicant letter indicating which Nhttp://www.mass.gov/dfwele/dfw/nhesp/the NOI must still be sent to NHESP if the 310 CMR 10.37 and 10.59.)	regulatory review/mesa/	mesa exemptions.htm;			
2.	Separate MESA review ongoing.	a. NHESP Tracking #	b. Date submitted to NHESP			
3. 🗌	Separate MESA review completed. Include copy of NHESP "no Take" deter Permit with approved plan.	mination or valid Conser	vation & Management			
or coastal projects only, is any portion of the proposed project located below the mean high water ine 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 North Shore - Hull to New Hampshire border: the Cape & Islands:						
Division of Marine Fisheries - Southeast Marine Fisheries Station Attn: Environmental Reviewer Attn: Environmental Reviewer Attn: Environmental Reviewer Attn: Environmental Reviewer 30 Emerson Avenue Gloucester, MA 01930 Email: DMF.EnvReview-South@state.ma.us 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.



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

Massachusetts Department of Environmental ProtectionBureau of Resource Protection - Wetlands

WPA Form 3 – Notice of Intent

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40 & Under the Town of Boxford Wetland Protection Bylaw

'ro	rided by MassDEP:
	MassDEP File Number
	Document Transaction Number
00000	Boxford
	City/Town

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

4.	Is any p	ortion o	of the p	roposed project within an Area of Critical Environmental Concern (ACEC)?
	a. 🗌 Ye	es 🛚	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 p (ORW)	ortion o as desi	of the p gnated	roposed project within an area designated as an Outstanding Resource Water in the Massachusetts Surface Water Quality Standards, 314 CMR 4.00?
	a. 🔲 Ye	es 🖂	No	
6.	ls any p Restrict	ortion of	of the si (M.G.L	ite subject to a Wetlands Restriction Order under the Inland Wetlands c. 131, § 40A) or the Coastal Wetlands Restriction Act (M.G.L. c. 130, § 105)?
	a. 🗌 Ye	es 🛚	No	
7.	Is this p	roject s	ubject	to provisions of the MassDEP Stormwater Management Standards?
	а. 🗌	Yes. A	ttach a	copy of the Stormwater Report as required by the Stormwater Management
	1.] Ap	plying t	s per 310 CMR 10.05(6)(k)-(q) and check if: for Low Impact Development (LID) site design credits (as described in nwater Management Handbook Vol. 2, Chapter 3)
	2.] A	oortion	of the site constitutes redevelopment
	3.] Pr	oprietar	ry BMPs are included in the Stormwater Management System.
	b. 🔀	No. Ch	neck wh	ny the project is exempt:
	1. 🗵] Sir	ngle-far	mily house
	2.] En	nergen	cy road repair
	3. or		nall Res	sidential Subdivision (less than or equal to 4 single-family houses or less than units in multi-family housing project) with no discharge to Critical Areas.
D.		tiona	al Info	ormation
	This is a Append 10.12).	propo ix A: E	sal for cological	an Ecological Restoration Limited Project. Skip Section D and complete al Restoration Notice of Intent – Minimum Required Documents (310 CMR
	Applica	nts mu:	st includ	de the following with this Notice of Intent (NOI). See instructions for details.
	Online the follo	Users: wing ir	Attach formati	the document transaction number (provided on your receipt page) for any of ion you submit to the Department.
	1. 🛚	sufficie	ent info	er map of the area (along with a narrative description, if necessary) containing rmation for the Conservation Commission and the Department to locate the site ers may omit this item.)
	2. 🛚	a Bord	lering √	ring the location of proposed activities (including activities proposed to serve as /egetated Wetland [BVW] replication area or other mitigating measure) relative aries of each affected resource area.



WPA Form 3 – Notice of Intent

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40 & Under the Town of Boxford Wetland Protection Bylaw

MassDEF	File Number
Documen	t Transaction Numb
Boxford	0003034454488000461001 815523-05150
City/Towr	

D.	Additional	Information	(cont'd)
----	------------	-------------	----------

Under the	e rown of Boxford Wetland Protection By	City/Town
D. Add	ditional Information (cont'd)	
3. 🗌	Identify the method for BVW and other res Field Data Form(s), Determination of App and attach documentation of the meth	source area boundary delineations (MassDEP BVW licability, Order of Resource Area Delineation, etc.), nodology.
4. 🛛	List the titles and dates for all plans and o	other materials submitted with this NOI.
S: M	anitary Disposal System Repair Plan in Boxf arianne Rutter (sheet 1 only)	ford, MA, 39 King John Drive, prepared for
	ne Morin-Cameron Group, Inc.	John M. Morin, PE
	Prepared By	c. Signed and Stamped by
Αι	ugust 5, 2015	1" = 20'
d.	Final Revision Date	e. Scale
	Additional Plan or Document Title	g. Date
5. 🔟	If there is more than one property owner, listed on this form.	please attach a list of these property owners not
6.	Attach proof of mailing for Natural Heritag	e 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	n .
9. 🗌	Attach Stormwater Report, if needed.	
E. Fees	3	
1.	Fee Exempt: No filing fee shall be assess of the Commonwealth, federally recognize authority, or the Massachusetts Bay Trans	sed for projects of any city, town, county, or district ed Indian tribe housing authority, municipal housing sportation Authority.
Applic Fee T	eants must submit the following information (ransmittal Form) to confirm fee payment:	(in addition to pages 1 and 2 of the NOI Wetland
60326		916115
	cipal Check Number	8/6/15 3. Check date
60327		
	e Check Number	8/6/15 5. Check date
		5. Check date
	Morin-Cameron Group, Inc. or name on check: First Name	7. Payor namo on chock: Last Namo
J. i ay	A HIGHTO OH OHOOK, I HOLINGING	7. Payor name on check: Last Name



WPA Form 3 – Notice of Intent

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40 & Under the Town of Boxford Wetland Protection Bylaw

Provi	ded by MassDEP:	
	MassDEP File Number	
e de la companya della companya della companya de la companya della companya dell	Document Transaction Numbe	: :
	Boxford	
	Citv/Town	

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	8 6 15 2. Date
3. Signature of Property Owner (if different) 6. Signature of Representative (if any)	4. Date 8 6 1.5 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.

Authorization Form

Re: 39 King John Drive, Boxford

I, Marianne Rutter, authorize The Morin-Cameron Group to sign any and all applications to the Town of Boxford on my behalf regarding the above-referenced property.

Marianne Rutter

Date



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





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

A. Applicant Information

4 LaseRas (CD.)			
Location of Proj	ect:		
39 King John D	rive	Boxford	
a. Street Address		b. City/Town	
60327		\$42.50	
c. Check number		d. Fee amount	-
2. Applicant Mailin	g Address:		
Marianne		Rutter	
a. First Name		b. Last Name	
c/o The Morin-C	ameron Group, Inc.		
c. Organization			
447 Boston Stre	eet		
d. Mailing Address			
Topsfield		MA	01983
e. City/Town		f. State	g. Zip Code
978-887-8586	978-887-3480	john@morincameron.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	i. Email Address	

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

To calculate

Intent).

B. Fees

Fee should be calculated using the following process & worksheet. Please see Instructions before filling out worksheet.

j. Email Address

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.



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

Fees (continued)			
Step 1/Type of Activity	Step 2/Number of Activities	Step 3/Individual Activity Fee	Step 4/Subtotal Activity Fee
Category 1.E.	1	\$110.00	\$110.00
Town Fee: Addition/alteration	1	\$200.00	\$200.00
Boundary verification (WF A9-A20, B10-B19 = 392LF-100 = 292LF)	1	\$150.00	\$150.00
			· · ·
	Step 5/T	otal Project Fee:	\$460.00
	Step 6	/Fee Payments:	
	Total	Project Fee:	\$460.00 a. Total Fee from Step 5
	State share	e of filing Fee:	\$42.50 b. 1/2 Total Fee less \$12.50
	City/Town shar	e of filling Fee:	\$417.50 c. 1/2 Total Fee plus \$12.5

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.)

60326 **Bank** The Morin-Cameron Group, Inc. 447 Boston Street; Suite 12 Topsfield, MA 01983 978-887-8586 America's Most Convenient Bank® 53-7054-2113 CHECK DATE: 8/6/15 Four hundred seventeen & -----PAY ----50/100 dollars **AMOUNT** TO Town of Boxford \$417.50 RUT3356

60327 Location: 39 King John Drive, Boxford **Bank** The Morin-Cameron Group, Inc.
447 Boston Street; Suite 12
Topsfield, MA 01983
978-887-8586 America's Most Convenient Bank® 53-7054-2113 CHECK DATE 8/6/15 PAY Forty-two & ------50/100 dollars AMOUNT TO Commonwealth of Massachusetts \$42.50 AUTHORIZED SIGNATUR



AFFIDAVIT OF SERVICE

Under the Massachusetts Wetlands Protection Act

(to be submitted to Mass. DEP and the Conservation Commission) when filing a Notice of Intent)

I, Kathleen Molina of The Morin-Cameron Group, Inc., hereby certify under the pains and penalties of perjury that on August 6, 2015 I gave notification to abutters in compliance with the second paragraph of Massachusetts General Laws Chapter 131, Section 40, and the DEP Guide to Abutter Notification dated April 8, 1994, in connection with the following matter:

> A Notice of Intent was filed under the Massachusetts Wetlands Protection Act by Marianne Rutter with the Town of Boxford Conservation Commission on August 6, 2015 for property located at 39 King John Drive (Assessors Map 20, Block 7, Parcel 12).

The form of the notification, and a list of the abutters to whom it was given and their addresses, are attached to this Affidavit of Service.

Kathleen Molina

The Morin-Cameron Group, Inc.

447 Boston Street

Topsfield, MA 01983

8-6-15

www.morincameron.com

Notification to Abutters Under the Massachusetts Wetland Protection Act

In accordance with the second paragraph of Massachusetts General Laws, Chapter 131, Section 40, you are hereby notified of the following:

- A. The name of the applicant is: Marianne Rutter
- B. The applicant has filed a **Notice of Intent** with the Conservation Commission for the municipality of **Boxford** seeking permission to remove, fill, dredge or alter an Area Subject to Protection under the Wetlands Protection Act (General Laws Chapter 131, Section 40).
- C. The address of the lot where the activity is proposed: 39 King John Drive
- D. Copies of the Application may be examined & obtained at the Conservation Office, 7A Spofford Road between the hours of 8:30am and 2pm on the following days of the week Monday-Thursday. For more information call: 978-887-6000
- E. Information regarding the date, time and place of the public hearing may be obtained from the **Conservation Office** by calling this number: **978-887-6000** between the hours of **8:30am** and **2pm** on the following days of the week: **Monday-Thursday**.
- NOTE: Notice of the public hearing, including its date, time and place, will be published at least five (5) days in advance in the **Tri-Town Transcript**.
- NOTE: Notice of the public hearing, including its date, time and place will be posted in the City or Town Hall not less than forty-eight (48) hours in advance.
- NOTE: You also may contact your local Conservation Commission or the nearest Department of Environmental Protection Regional Office for more information about this application or the Wetlands Protection Act.

To contact MassDEP Northeast Region call: 978-694-3200

20-07-12 \sim 39 KING JOHN DRIVE, BOXFORD ABUTTERS LIST CONSERVATION COMMISSION 250 $^\circ$

Map/Lot	Location	Owner	Owner?	Ourse Address	F. #0	7	71:0 - 4:
100 00				_	Owner City/ Iown Owner State Zip Code	Owner State	apon diz
(50-07-03)	82 KING GEORGE DR	BECKERLEG RICHARD A & JANICE L TR	82 KING GEORGE DR NOMINEE TRUST	82 KING GEORGE DR	BOXFORD	MA	01921
(20-05-16)	30 KING JOHN DR	CHARETTE MARY A M TE	CHARETTE MICHAEL T	30 KING JOHN DR	ROXFORD	MA	01921
(20-07-04)	80 KING GEORGE DR	DEMARCO STEVEN J TE	DEMARCO KRISTIN A	80 KING GFORGE DR	ROXFORD	MA	01921
(20-07-05)	74 KING GEORGE DR	GAROFALO ANTHONY J T	CAROL J GAROFALO	74 KING GEORGE DR	BOXFORD	MA	01921
(20-02-02)	90 KING GEORGE DR	JENSEN PETER F TE	DEBORAH R JENSEN	90 KING GEORGE DR	ROXFORD	MA	01921
(20-07-13)	33 KING RICHARD DR	PAUL GREG L & DIANE S TE		33 KING RICHARD DR	CACACA	MA	01921
(20-05-15)	27 KING RICHARD DR	PETROUS JR ANTHONY	PETROUS NANCY A	27 KING RICHARD DR		MA	01021
(20-07-01)	92 KING GEORGE DR	RAHMAN FHM FARIDUR	KHANOM FOUZIA	92 KING GEORGE DR		MA	01921
(20-07-12)	39 KING JOHN DR	RUTTER MATTHEW M TE	MARIANNE C P RUTTER	39 KING CHOI ORIVE		MA	01021
(20-07-11)	37 KING JOHN DR	SCHERMERHORN MARSHAL	ANN M SCHERMERHORN	37 KING JOHN DR		MA	01921
(20-07-14)	35 KING RICHARD DR	SHOWERS ERIK R	SHOWERS KARA M	35 KING RICHARD DR		MA	01921

CERTIFIED COPY

3/6/12

GEORGETOWN QUADRANGLE MASSACHUSETTS-ESSEX CO. 7.5-MINUTE SERIES

