### Form 3





| DEQE File No. |                          |
|---------------|--------------------------|
|               | (To be provided by DEQE) |
| City/Town S   | eekonk                   |
| Applicant     |                          |

## Notice of Intent Under the

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

## Application for a Department of the Army Permit

| Par | t!: General Information                                                                                                                                                                                    |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.  | Location: Street AddressJane Howland Drive - Seekonk, MA  Lot Number See Plans                                                                                                                             |
| 2.  | Project: Type Subdivision Description A Subdivision of Approximately 16 Acres                                                                                                                              |
|     | of Land divided into 11 Lots (Minimum Area 40,000 sq. ft.)                                                                                                                                                 |
| _   | Along with construction of approximately 1150 Linear Ft. of Roadway including                                                                                                                              |
|     | underground utilities.                                                                                                                                                                                     |
| 3.  | Registry: County_Bristol, NorthCurrent Book& Page                                                                                                                                                          |
|     | Certificate (If Registered Land) Not Registered                                                                                                                                                            |
| 4.  | Applicant Mark D. Dorman and Roy A. LaCroix (Howland Associates. ) 401.822-1100                                                                                                                            |
|     | Address 1 LaCroix Drive, West Warwick, RI 02893                                                                                                                                                            |
| 5.  | Property Owner Mark D. Dorman and Roy A. LaCroix Tel. 401-822-1100                                                                                                                                         |
|     | Address1 LaCroix Drive West Warwick, RI 02893                                                                                                                                                              |
| 6.  | Representative Mark D. Dorman and Roy A. LaCroix ( Howland Associet. 401-822-1100                                                                                                                          |
|     | Address1 LaCroix West Warwick, RI 02893                                                                                                                                                                    |
| 7.  | Have the Conservation Commission and the DEQE Regional Office each been sent, by certified mail or hand delivery, 2 copies of completed Notice of Intent, with supporting plans and documents?  Yes ☑ No □ |

| Obtained:                                                                                                                                                                                                                                                                    | Applied For: Not Applied For:                                                                                                                                                                                       |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
|                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                     |                 |
|                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                     | <del></del>     |
| Is any portion of the site subject c. 130, §105? Yes \( \square\$ No.                                                                                                                                                                                                        | ct to a Wetlands Restriction Order pursuant to G.L. c. 131, §40A or                                                                                                                                                 | G.L.            |
| . List all plans and supporting do                                                                                                                                                                                                                                           | ocuments submitted with this Notice of Intent.                                                                                                                                                                      |                 |
| Identifying<br>Number/Letter                                                                                                                                                                                                                                                 | Title, Date                                                                                                                                                                                                         |                 |
| Plans Sheets 1 thru                                                                                                                                                                                                                                                          | 9 Phase "B" Jane Howland Estates Subdivision- Sec                                                                                                                                                                   | ekonk, M        |
|                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                     |                 |
| Exhibit A                                                                                                                                                                                                                                                                    | Drainage Report and Soil Erosion Analysis for                                                                                                                                                                       | <u>Jane</u> How |
| Exhibit A                                                                                                                                                                                                                                                                    | Drainage Report and Soil Erosion Analysis for . Estates, Seekonk, MA                                                                                                                                                | Jane How        |
| Exhibit A  Exhibit B                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                     | Jane How        |
| Exhibit B                                                                                                                                                                                                                                                                    | Estates, Seekonk, MA                                                                                                                                                                                                | Jane How        |
| Exhibit B                                                                                                                                                                                                                                                                    | U.S.G.S. Quadrangle Map of the Area                                                                                                                                                                                 | Jane How        |
| Exhibit B  Check those resource areas w                                                                                                                                                                                                                                      | U.S.G.S. Quadrangle Map of the Area                                                                                                                                                                                 | Jane How        |
| Exhibit B  I. Check those resource areas w  (a) \( \bar{L} \) Buffer Zone                                                                                                                                                                                                    | Estates, Seekonk, MA  U.S.G.S. Quadrangle Map of the Area  within which work is proposed:                                                                                                                           | Jane How        |
| Exhibit B  1. Check those resource areas w  (a) \( \bar{L} \) Buffer Zone  (b) Inland:                                                                                                                                                                                       | Estates, Seekonk, MA  U.S.G.S. Quadrangle Map of the Area  within which work is proposed:                                                                                                                           | Jane How        |
| Exhibit B  1. Check those resource areas w  (a) \( \bar{L} \) Buffer Zone  (b) Inland:  \( \bar{L} \) Bank*                                                                                                                                                                  | Estates, Seekonk, MA  U.S.G.S. Quadrangle Map of the Area  within which work is proposed:  Land Subject to Flooding,                                                                                                | Jane How        |
| Exhibit B  Check those resource areas w  (a) Duffer Zone  (b) Inland:  Bank*                                                                                                                                                                                                 | Estates, Seekonk, MA  U.S.G.S. Quadrangle Map of the Area  within which work is proposed:  Land Subject to Flooding,  Wetland*  Bordering                                                                           | Jane How        |
| Exhibit B  1. Check those resource areas w  (a) \( \bar{A} \) Buffer Zone  (b) Inland:  \( \bar{B} \) Bank*  \( \bar{B} \) Bordering Vegetated W  \( \bar{L} \) Land Under Water Body                                                                                        | Estates, Seekonk, MA  U.S.G.S. Quadrangle Map of the Area  within which work is proposed:  Land Subject to Flooding,  Wetland*  Bordering                                                                           | Jane How        |
| Exhibit B  1. Check those resource areas w (a)  Buffer Zone (b) Inland:  Bank*  Bordering Vegetated W  Land Under Water Body                                                                                                                                                 | Estates, Seekonk, MA  U.S.G.S. Quadrangle Map of the Area  within which work is proposed:  Land Subject to Flooding,  Vetland*  Bordering  y & Waterway*  IX Isolated                                               | Jane How        |
| Exhibit B  1. Check those resource areas w  (a) \( \bar{L} \) Buffer Zone  (b) Inland:  \( \bar{L} \) Bank*  \( \bar{L} \) Bordering Vegetated W  \( \bar{L} \) Land Under Water Body  (c) Coastal:                                                                          | Estates, Seekonk, MA  U.S.G.S. Quadrangle Map of the Area  within which work is proposed:  Land Subject to Flooding,  Vetland*  Bordering  y & Waterway*  IX Isolated                                               | Jane How        |
| Exhibit B  1. Check those resource areas w  (a)  Buffer Zone  (b) Inland:   Bank*   Bordering Vegetated W   Land Under Water Body  (c) Coastal:   Land Under the Ocean*   Coastal Beach*   Barrier Beach                                                                     | Estates, Seekonk, MA  U.S.G.S. Quadrangle Map of the Area  within which work is proposed:  Land Subject to Flooding,  Wetland* Bordering Isolated  Designated Port Area* Coastal Dune Coastal Bank                  | Jane How        |
| Exhibit B  1. Check those resource areas w  (a) \( \bigcirc \) Buffer Zone  (b) Inland:  \( \bigcirc \) Bank*  \( \bigcirc \) Bordering Vegetated W  \( \bigcirc \) Land Under Water Body  (c) Coastal:  \( \bigcirc \) Land Under the Oceans  \( \bigcirc \) Coastal Beach* | Estates, Seekonk, MA  U.S.G.S. Quadrangle Map of the Area  within which work is proposed:  Land Subject to Flooding,  Vetland*  Bordering  Isolated  Designated Port Area*  Coastal Dune  Coastal Bank  Salt Marsh* | Jane How        |

<sup>\*</sup>Likely to involve U.S. Army Corps of Engineers concurrent jurisdiction. See General Instructions for Completing Notice of Intent.

| Is the wetland resource area to be altered by the proposed work located on the most recent Estimated Habitat Map (if any) of rare, "state-listed" vertebrate and invertebrate animal species occurrences provided to the conservation commission by the Natural Heritage and Endangered Species Program? |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Species Program?                                                                                                                                                                                                                                                                                         |

| YES [ ]         | NO | [ X] | Date printed on the Estimated Habitat Map | issued |
|-----------------|----|------|-------------------------------------------|--------|
| NO MAP AVAILABL | E  |      | (if any)                                  |        |

If yes, have you completed an Appendix A and a Notice of Intent and filed them, along with supporting documentation with the Natural Heritage and Endangered Species Program by certified mail or hand delivery, so that the Program shall have received Appendix A prior to the filing of this Notice of Intent?

YES [ ] NO [ ]

Tests 4 & 7

#### Part II: Site Description

Indicate which of the following information has been provided (on a plan, in narrative description or calculations) to clearly, completely and accurately describe existing site conditions.

Identifying Number/Letter (of plan, narrative or calculations)

Natural Features:

Sheets 5 & 9 Soils

Sheets 2, 4, 5, 6 Vegetation

Sheets 4, 5 & Topography

Sheet 5 Open water bodies (including ponds and lakes)

None Flowing water bodies (including streams and rivers)

None Public and private surface water and ground water supplies on or within 100 feet of site

Sheets 5 & 9 Maximum annual ground water elevations with dates and location of test

Sheet 5 Boundaries of resource areas checked under Part I, item 11 above

Sheets 1 & 2 Other

#### Man-made Features:

Sheets 4, 5, & 6 Structures (such as buildings, piers, towers and headwalls)

Sheets 4 thru 9
Exhibit A

Drainage and flood control facilities at the site and immediately off the site, including culverts and open channels (with inverts), dams and dikes

Subsurface sewage disposal systems

Sheets 4 thru 9 Underground utilities

Sheets 4, 5, & 6 Roadways and parking areas

Sheet < 3 Property boundaries, easements and rights-of-way

Sheets 1,& 2 Other

NA

#### Part III: Work Description

Indicate which of the following information has been provided (on a plan, in narrative description or calculations) to clearly, completely and accurately describe work proposed within each of the resource areas checked in Part I, item 11 above.

Identifying Number/Letter (of plan, narrative or calculations)

NA

Planview and Cross Section of:

Structures (such as buildings, piers, towers and headwalls)

Sheets 2 thru 9 Drainage and flood control facilities, including culverts and open channels (with inverts).

and Exhibit A dams and dikes

Sheets 2 thru 9 Subsurface sewage disposal systems & underground utilities

NA Filling, dredging and excavating, indicating volume and composition of material

NA Compensatory storage areas, where required in accordance with Part III, Section 10:57

(4) of the regulations

NA

Wildlife habitat restoration or replication areas

NA Other

Point Source Discharge

Sheets 4 & 7

and Exhibit

A channel), when point of discharge falls within resource area checked under Part I, item

11 above, as supported by standard engineering calculations, data and plans, including but not limited to the following:

3-4

- 1. Delineation of the drainage area contributing to the point of discharge;
- 2. Pre- and post-development peak run-off from the drainage area, at the point of discharge, for at least the 10-year and 100-year frequency storm;
- 3. Pre- and post-development rate of infiltration contributing to the resource area checked under Part I, item 11 above:
- 4. Estimated water quality characteristics of pre- and post-development run-off at the point of discharge.

#### Part IV: Mitigating Measures

- 1. Clearly, completely and accurately describe, with reference to supporting plans and calculations where necessary:
  - (a) All measures and designs proposed to meet the performance standards set forth under each resource area specified in Part II or Part III of the regulations; or
  - (b) why the presumptions set forth under each resource area specified in Part II or Part III of the regulations do not apply.

| ☐ Coa<br>X☐ Inta | ustal Resource Area Type:<br>and                                                               | Identifying number or letter of support documents |  |
|------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------|--|
| 1.               | See sheet 2 for th detailed Erosion Control, Stabilization, and Sedimentation Control Program. | Sheet 2                                           |  |
| 2.               | Sheet 9 shows a baled hay eriosion check typical.                                              | Sheet 9                                           |  |
| 3.               | Sheet 4, 5, 6, and 7 show placement of the staked hay bales and areas to be loamed and seeded. | Sheets 4, 5, 6, & 7.                              |  |
|                  | X. X.                                                                                          |                                                   |  |

| _ | Coastal<br>Inland | Resource Area Type: Man Made Pond                                                                                               | Identifying number or letter<br>of support documents |
|---|-------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
|   | 1.                | Man made pond is less than 10,000 sq. ft. (approx 3,000 square feet) and is therefore not governed by section 10.04 of 310 CMR. | Sheet 5                                              |
|   | 2.                | This pond is to be filled to provide useable land area as Lot 12 and construction of road.                                      |                                                      |
|   |                   |                                                                                                                                 |                                                      |
|   |                   |                                                                                                                                 |                                                      |

| 0.0 | Coastal Resource Area Type: |    | Identifying number or letter of support documents |  |
|-----|-----------------------------|----|---------------------------------------------------|--|
|     |                             |    |                                                   |  |
|     | NA                          |    |                                                   |  |
|     |                             |    | ×                                                 |  |
|     |                             | ş. |                                                   |  |
|     |                             |    |                                                   |  |
|     |                             |    |                                                   |  |

- 2. Clearly, completely and accurately describe, with reference to supporting plans and calculations where necessary:
  - (a) all measures and designs to regulate work within the Buffer Zone so as to ensure that said work does not alter an area specified in Part I, Section 10.02(1) (a) of these regulations; or
  - (b) if work in the Buffer Zone will alter such an area, all measures and designs proposed to meet the performance standards established for the adjacent resource area specified in Part II or Part III of these regulations.

| Coastal Resource Area Type Bo<br>nland | ordered By 100-Foot Discretionary Zone:                                        | Identifying number or letter<br>of support documents |
|----------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------|
| NA                                     |                                                                                |                                                      |
|                                        | *                                                                              |                                                      |
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| d deserv                               | ises "Yes 15, MC v., it. factor<br>i) an is blockford too payment ;<br>ii) and |                                                      |
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| Pa  | rt V: Additional Information for a Depar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tment of the Army                                  | y Permit                                                                                                                                                                    |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.  | COE Application No(to be provided by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 22                                                 | (Name of waterway)                                                                                                                                                          |
| 3.  | Names and addresses of property own                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                                                                                                                                                                             |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ×                                                  |                                                                                                                                                                             |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    | E E                                                                                                                                                                         |
|     | that would eliminate the discharge of discharge of discharge and company that would eliminate the discharge of discharge and company in planview and c | redged or fill mater<br>cross-section, show        | wing the resource area and the proposed activ-                                                                                                                              |
| iss | ertification is required from the Division                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | n of Water Pollutio                                | nd should be clear enough for photocopying.  on Control before the Federal permit can be vision of Water Pollution Control, 1 Winter Street,                                |
| M   | here the activity will take place within t<br>anagement Program, the applicant certi<br>a manner that is consistent with the ap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ifies that his propo                               | e Massachusetts approved Coastal Zone seed activity complies with and will be conducted                                                                                     |
| re  | formation provided will be used in eval<br>cord through issuance of a public notice<br>formation is not provided, the application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | e. Disclosure of thi                               | ation for a permit and is made a matter of public is information is voluntary, however, if necessary cessed nor can a permit be issued.                                     |
|     | nereby certify under the pains and penalti<br>ans, documents and supporting data are                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    | he foregoing Notice of Intent and accompanying , to the best of my knowledge.                                                                                               |
| Si  | gnature of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    | Date                                                                                                                                                                        |
| Si  | gnature of Applicant's Representative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    | Date                                                                                                                                                                        |
| N E | D 100 (TEST) This document to for a permit to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nt contains a joint Depa<br>o obtain permission to | artment of the Army and State of Massachusetts application perform activities in United States waters. The Office as approved those questions required by the US Army Corps |

statement will be set in 6 point type.

of Engineers. OMB Number 0702-0036 and expiration date of 30 September 1983 applies". This

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