

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

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



A. Applicant Information

1. Location of Project:

233 Mill Glen Road

a. Street Address

Winchendon

b. City/Town

c. Check number

d. Fee amount

2. Applicant Mailing Address:

Kathryn

a. First Name

Rupp

b. Last Name

c. Organization

233 Mill Glen Road

d. Mailing Address

Winchendon

e. City/Town

978-297-1232

h. Phone Number

i. Fax Number

MA

f. State

01475

g. Zip Code

NCMYBL@comcast.net

j. Email Address

3. Property Owner (if different):

a. First Name

b. Last Name

To calculate filing fees to the cat fee list an examples instructor filling out Form 3 (N Intent).

NOTES

CONSERVATION COMMISSION
 - I SENT COURT LETTER TO DEP IN WORK APRIL 8 per instructions from Nick
 - HERE IS CHECKS + Paperwork for Town of Winchendon
 - DARYL RUPP Cell 978-240-0228 Email NCMYBL@comcast.net
 would like to get this job completed in May.



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.



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Provided by MassDEP:

MassDEP File Number _____

Document Transaction Number _____

City/Town _____

D. Additional Information (cont'd)

- 3. Identify the method for BVW and other resource area boundary delineations (MassDEP BVW Field Data Form(s), Determination of Applicability, Order of Resource Area Delineation, etc.), and attach documentation of the methodology.
- 4. List the titles and dates for all plans and other materials submitted with this NOI.

a. Plan Title	
b. Prepared By	c. Signed and Stamped by
d. Final Revision Date	e. Scale
f. Additional Plan or Document Title	g. Date

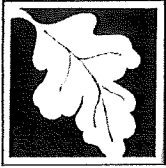
- 5. If there is more than one property owner, please attach a list of these property owners not listed on this form.
- 6. Attach proof of mailing for Natural Heritage and Endangered Species Program, if needed.
- 7. Attach proof of mailing for Massachusetts Division of Marine Fisheries, if needed.
- 8. Attach NOI Wetland Fee Transmittal Form
- 9. Attach Stormwater Report, if needed.

E. Fees

- 1. Fee Exempt: No filing fee shall be assessed for projects of any city, town, county, or district of the Commonwealth, federally recognized Indian tribe housing authority, municipal housing authority, or the Massachusetts Bay Transportation Authority.

Applicants must submit the following information (in addition to pages 1 and 2 of the NOI Wetland Fee Transmittal Form) to confirm fee payment:

2343 (Local Fee \$150, Town Share \$262.50)	April 7, 2022
2. Municipal Check Number	3. Check date
2342 (State Filing Fee Share \$237.50)	April 7, 2022
4. State Check Number	5. Check date
Daryl	Rupp
6. Payor name on check: First Name	7. Payor name on check: Last Name



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

(c) MESA filing fee (fee information available at <https://www.mass.gov/how-to/how-to-file-for-a-mesa-project-review>).

Make check payable to "Commonwealth of Massachusetts - NHESP" and **mail to NHESP** at above address

Projects altering 10 or more acres of land, also submit:

(d) Vegetation cover type map of site

(e) Project plans showing Priority & Estimated Habitat boundaries

(f) OR Check One of the Following

1. Project is exempt from MESA review.
Attach applicant letter indicating which MESA exemption applies. (See 321 CMR 10.14, <https://www.mass.gov/service-details/exemptions-from-review-for-projectsactivities-in-priority-habitat>; the NOI must still be sent to NHESP if the project is within estimated habitat pursuant to 310 CMR 10.37 and 10.59.)

2. Separate MESA review ongoing. a. NHESP Tracking # _____ b. Date submitted to NHESP _____

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

3. For coastal projects only, is any portion of the proposed project located below the mean high water line or in a fish run?

a. Not applicable – project is in inland resource area only b. Yes No

If yes, include proof of mailing, hand delivery, or electronic delivery of NOI to either:

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

North Shore - Hull to New Hampshire border:

Division of Marine Fisheries -
Southeast Marine Fisheries Station
Attn: Environmental Reviewer
836 South Rodney French Blvd.
New Bedford, MA 02744
Email: dmf.envreview-south@mass.gov

Division of Marine Fisheries -
North Shore Office
Attn: Environmental Reviewer
30 Emerson Avenue
Gloucester, MA 01930
Email: dmf.envreview-north@mass.gov

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.

c. Is this an aquaculture project? d. Yes No

If yes, include a copy of the Division of Marine Fisheries Certification Letter (M.G.L. c. 130, § 57).



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

Check all that apply below. Attach narrative and supporting documentation describing how the project will meet all performance standards for each of the resource areas altered, including standards requiring consideration of alternative project design or location.

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

<u>Resource Area</u>	<u>Size of Proposed Alteration</u>	<u>Proposed Replacement (if any)</u>
a. <input type="checkbox"/> Designated Port Areas	Indicate size under Land Under the Ocean, below	
b. <input type="checkbox"/> Land Under the Ocean	1. square feet _____ 2. cubic yards dredged _____	
c. <input type="checkbox"/> Barrier Beach	Indicate size under Coastal Beaches and/or Coastal Dunes below	
d. <input type="checkbox"/> Coastal Beaches	1. square feet _____	2. cubic yards beach nourishment _____
e. <input type="checkbox"/> Coastal Dunes	1. square feet _____	2. cubic yards dune nourishment _____
	<u>Size of Proposed Alteration</u>	<u>Proposed Replacement (if any)</u>
f. <input type="checkbox"/> Coastal Banks	1. linear feet _____	
g. <input type="checkbox"/> Rocky Intertidal Shores	1. square feet _____	
h. <input type="checkbox"/> Salt Marshes	1. square feet _____	2. sq ft restoration, rehab., creation _____
i. <input type="checkbox"/> Land Under Salt Ponds	1. square feet _____ 2. cubic yards dredged _____	
j. <input type="checkbox"/> Land Containing Shellfish	1. square feet _____	
k. <input type="checkbox"/> Fish Runs	Indicate size under Coastal Banks, inland Bank, Land Under the Ocean, and/or inland Land Under Waterbodies and Waterways, above 1. cubic yards dredged _____	
l. <input type="checkbox"/> Land Subject to Coastal Storm Flowage	1. square feet _____	
4. <input type="checkbox"/> Restoration/Enhancement	If the project is for the purpose of restoring or enhancing a wetland resource area in addition to the square footage that has been entered in Section B.2.b or B.3.h above, please enter the additional amount here.	
	a. square feet of BVW _____	b. square feet of Salt Marsh _____
5. <input type="checkbox"/> Project Involves Stream Crossings		
	a. number of new stream crossings _____	b. number of replacement stream crossings _____



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A. General Information (continued)

6. General Project Description:

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

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

7b. Is any portion of the proposed activity eligible to be treated as a limited project (including Ecological Restoration Limited Project) subject to 310 CMR 10.24 (coastal) or 310 CMR 10.53 (inland)?

- 1. Yes No If yes, describe which limited project applies to this project. (See 310 CMR 10.24 and 10.53 for a complete list and description of limited project types)

2. Limited Project Type

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

8. Property recorded at the Registry of Deeds for:

a. County

b. Certificate # (if registered land)

c. Book

d. Page Number

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

- 1. Buffer Zone Only – Check if the project is located only in the Buffer Zone of a Bordering Vegetated Wetland, Inland Bank, or Coastal Resource Area.
- 2. Inland Resource Areas (see 310 CMR 10.54-10.58; if not applicable, go to Section B.3, Coastal Resource Areas).

Check all that apply below. Attach narrative and any supporting documentation describing how the project will meet all performance standards for each of the resource areas altered, including standards requiring consideration of alternative project design or location.



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B. Fees (continued)

Step 1/Type of Activity	Step 2/Number of Activities	Step 3/Individual Activity Fee	Step 4/Subtotal Activity Fee
Pave dirt driveway/replace culvert pipe			

Step 5/Total Project Fee: _____

Step 6/Fee Payments:

Total Project Fee:	<u>500.00</u>
State share of filing Fee:	<u>237.50</u>
City/Town share of filling Fee:	<u>262.50</u>
	a. Total Fee from Step 5
	b. 1/2 Total Fee less \$12.50
	c. 1/2 Total Fee plus \$12.50

C. Submittal Requirements

a.) Complete pages 1 and 2 and send with a check or money order to the Commonwealth of Massachusetts.

Department of Environmental Protection
Box 4062
Boston, MA 02245

b.) **To the Conservation Commission:** Send the Notice of Intent, this form; and the city/town fee payment.

To MassDEP Regional Office (see Instructions): Send a copy of the Notice of Intent; a copy of this form; and a copy of the state fee payment electronically.)

Local Fee 150.00
+ 262.50

412.50
due to
Town of Winchendon

Assessment Field Card

Town of Winchendon, Massachusetts



Parcel Information	
	<p> Address: 233 MILL GLEN RD Map-Lot: 13-0-84 Patriot Account #: 726 Owner: RUPP, KATHRYN M. Co-Owner: Mailing Address: 233 MILL GLEN ROAD WINCHENDON, MA 01475 </p>
Building Exterior Details	General Information
<p> Building Type: SPLIT ENT Year Built: 1980 Grade: C Frame Type: WOOD Living Units: 1 Building Condition: Average Roof Cover: ASPHALT SH Roof Type: GABLE Exterior Wall Type: VINYL Pool: False </p>	<p> Total Acres: 1 Land Use Code: 101 Neighborhood Code: 20 Owner Occupied: Y Condo Name: Condo Unit: Zone: Utility Code 1: TYPI Utility Code 2: Utility Code 3: </p>
Building Area	Ownership History
<p> Gross Area: 2040 sqft Finished Area: 1479.6 sqft Basement Area: 874 sqft Garage Area: 0 sqft Detached Garage: sqft Basement Garage: 0 sqft </p>	<p> Sale Date: 10/29/2014 Sale Price: \$ 1 Nal Description: Grantor (Seller): RUPP, DARYL L., Book/Page: 8690-317 </p>
Building Interior	Assessed Value
<p> No. Total Rooms: 5 No. Bedrooms: 2 No. Full Baths: 1 No. Half Baths: 0 Bath Rating: AVER No. Kitchens: 1 Kitchen Rating: AVER Building Framing: WOOD Interior Wall Type: DRYWALL Fireplaces: 0 Solar Hot Water: False Central Vac: False Floor Type: CARPET Heat Type: FORCED H/W Heat Fuel: OIL Percent A/C: 0 </p>	<p> Assessed Yard Value: \$ 1100 Assessed Land Value: \$ 55300 Assessed Bldg Value: \$138300 Total Assessed Value: \$194700 </p>

CAI Technologies

www.cai-tech.com

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233 Mill Glen

Winchendon, MA

1 inch = 277 Feet



www.cai-tech.com

November 22, 2021



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233 Mill Glen

Winchendon, MA

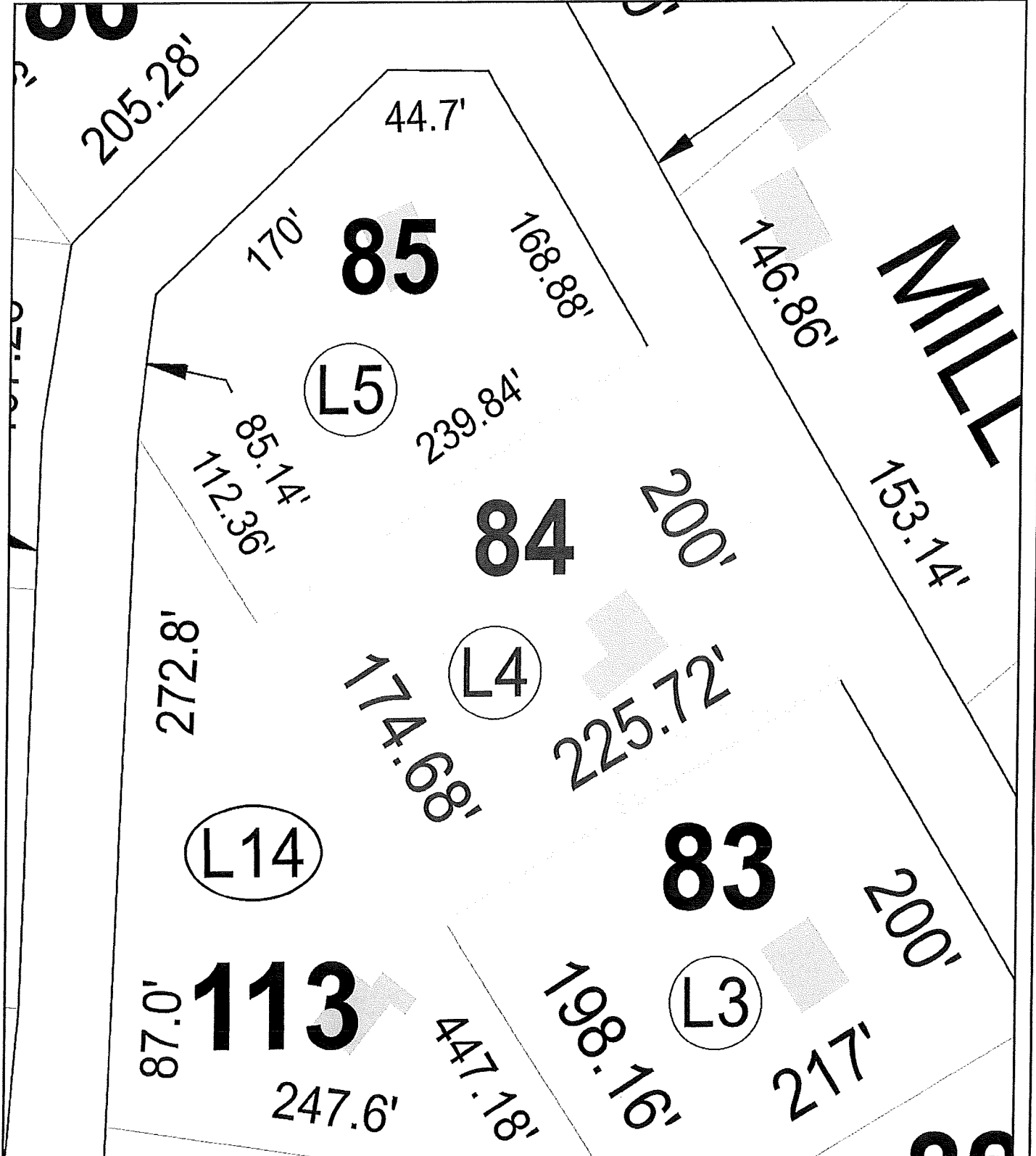
1 inch = 69 Feet



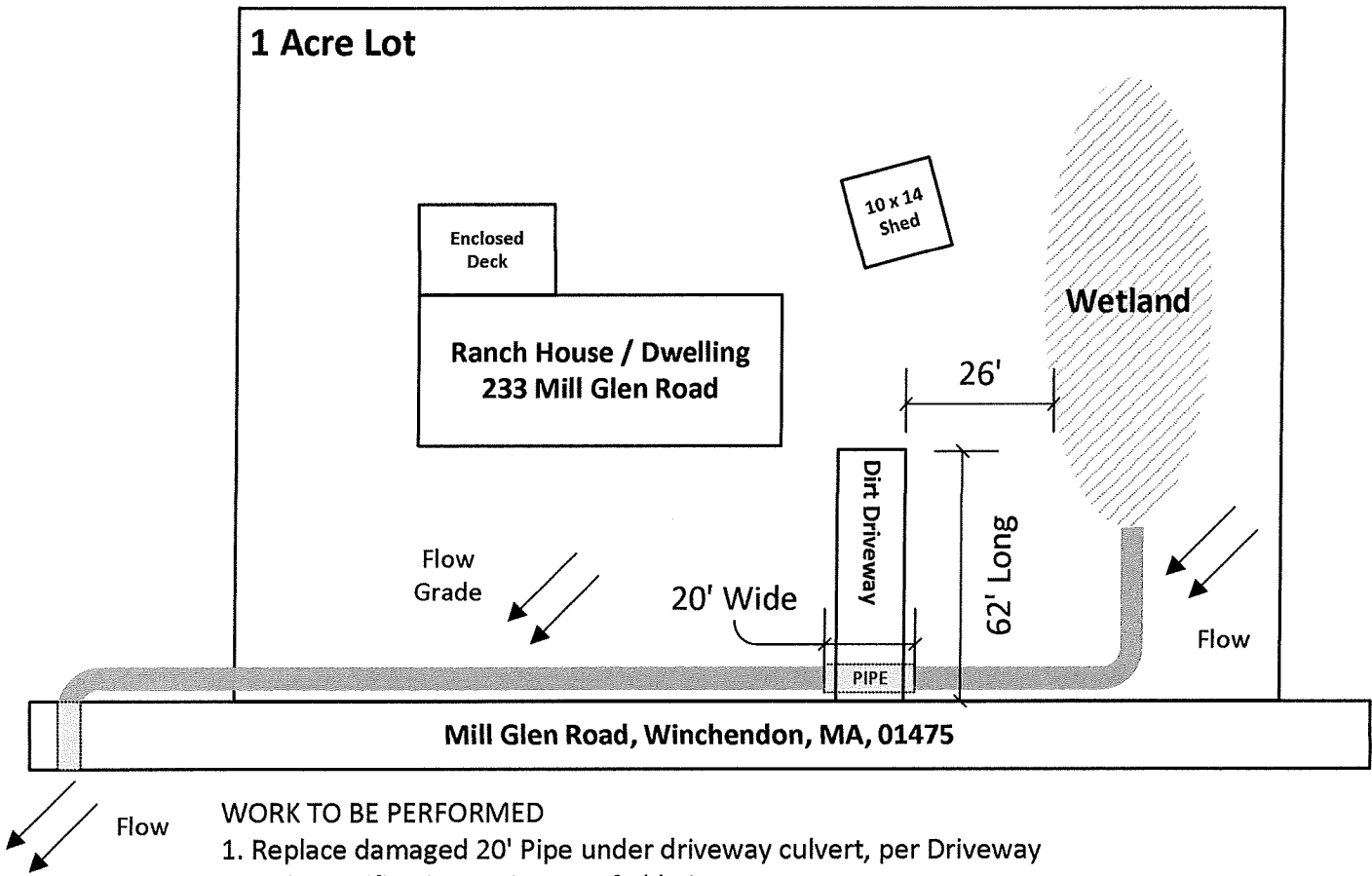
CAI Technologies
Precision Mapping. Geographic Software.

November 22, 2021

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WORK TO BE PERFORMED

1. Replace damaged 20' Pipe under driveway culvert, per Driveway permit specifications. Dispose of old pipe.
2. Dig up 62' by 18' dirt driveway; remove rocks and grade.
3. Prep for paving as necessary; gravel and under material.
4. Install asphalt topping.
5. Grade runoff according to town permit specifications.

DEPARTMENT OF PUBLIC WORKS
TOWN HALL
109 FRONT STREET, DEPARTMENT 4
WINCHENDON, MA 01475
PHONE: 978-297-0170
FAX: 978-297-4237
EMAIL: bcroteau@townofwinchendon.com

APPLICATION FOR DRIVEWAY PERMIT

NAME: Hill Dawgs Truckin' & Paving LLC

ADDRESS: 20 Cobb Hill Rd, Phillipston, MA, 01331

LOCATION OF PLANNED PROJECT: 233 Mill Glen Rd. Winchendon, MA, 01475

DESCRIPTION OF PLANNED PROJECT: Replace Damaged Culvert Pipe, Prep and Pave (Asphalt) Dirt Driveway 18' wide x 62' long

RULES AND REGULATIONS FOR DRIVEWAY PERMITS

All driveways hereinafter constructed and providing access to a Public Way shall not be constructed until approved by the Department of Public Works Director.

ALL DRIVEWAYS SHALL MEET THE FOLLOWING STANDARDS:

1. All driveway work may be subject to the review of the DPW Director or his designee at any point. The DPW Director may impose other conditions at his discretion that are necessary to ensure safe access to the public way and to prevent any damage or dangerous situation because of drainage, icing, pooling, etc.
2. All driveways shall be a minimum of 12' wide and be kept clear of branches and other obstructions above said width to a height of 12 feet. The internal radius of any curve shall be no less than 32 feet to allow for safety vehicle access for commercial driveways.
3. All Driveways shall have an apron from the pavement to the property line. This apron shall be 12' X 4' long and composed of Type I bituminous concrete over 2 inches of processed gravel over 10 inches of 4 inch or smaller gravel.
4. No non-residential driveway slope shall be greater than 10% at any point and the apron shall not exceed 4% positive slope.
5. No residential driveway slope shall be greater than 20% at any point and the apron shall not exceed 4% positive slope.
6. Dust, debris, excess runoff or other nuisance shall not be allowed to enter the paved way. Any such occurrence shall require prompt remediation by the property owner.
7. The driveway drainage system design shall be approved by the DPW Director. If the Wetland Protection Act applies to the driveway area, the proposed driveway shall meet all conditions imposed by the Conservation Commission.
8. No driveway or means of access abutting a Town way or a way maintained by the Town of Winchendon shall be installed or reconstructed without a permit from the Director of Public Works.
9. Where drainage is deemed necessary, be the Director or his designee, a pipe with a minimum of 12 inches in diameter and not less than 20 feet long shall be used. Such pipe shall be galvanized, coated, HDPE, or aluminum. The drainage pipe shall be placed in the original water way with a slope of 10 inches below the shoulder of the road.
10. Applications for driveway permits may be obtained from the Department of Public Works office and returned to the Director.
11. A copy of this permit shall be kept with the owner's records.
12. Conservation Commission approval is required for all driveway and curb cut permits.
13. DIG SAFE Permit must obtained. DIG SAFE # 20214603916

CONSERVATION COMMISSION APPROVAL _____ DATE _____

I hereby apply for a permit and agree to abide by the rules and regulations adopted by the Department of Public Works.

DATE

SIGNATURE OF APPLICANT

DEPARTMENT OF PUBLIC WORKS DIRECTOR

APPROVED: _____

DISAPPROVED: _____

CONDITIONS: _____

DATE

DIRECTOR, DEPARTMENT OF PUBLIC WORKS