



# WPA Form 1- Request for Determination of Applicability

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

## A. General Information

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



1. Applicant:

David and Danielle Higgins

Name

E-Mail Address

50 Baldwinville State Road

Mailing Address

Winchendon

City/Town

MA

State

01475

Zip Code

Phone Number

Fax Number (if applicable)

2. Representative (if any):

Stoddard Engineering

Firm

Chris Stoddard, P.E.

Contact Name

stoddardengr@gmail.com

E-Mail Address

1863 Old Keene Rd

Mailing Address

Athol

City/Town

MA

State

01331

Zip Code

978-790-9731

Phone Number

Fax Number (if applicable)

## B. Determinations

1. I request the Winchendon Conservation Commission make the following determination(s). Check any that apply:

- a. whether the **area** depicted on plan(s) and/or map(s) referenced below is an area subject to jurisdiction of the Wetlands Protection Act.
- b. whether the **boundaries** of resource area(s) depicted on plan(s) and/or map(s) referenced below are accurately delineated.
- c. whether the **work** depicted on plan(s) referenced below is subject to the Wetlands Protection Act
- d. whether the area and/or work depicted on plan(s) referenced below is subject to the jurisdiction of any **municipal wetlands ordinance** or **bylaw** of:

Name of Municipality

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



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**C. Project Description**

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

50 Baldwinville Road	Winchendon
Street Address	City/Town
7A4	63
Assessors Map/Plat Number	Parcel/Lot Number

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

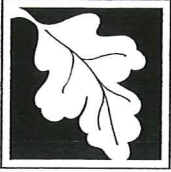
1.07 acre lot with an existing single family dwelling located at the front of the lot. The lot slopes to the rear from the street with an existing leachpit located behind the house

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

Sewage Disposal System	5-16-2022
Title	Date
Title	Date
Title	Date

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

The work consists of replacement of the existing failed leach pit with a full title 5 compliant leachfield. The system is located along the northern property line to provide maximum protection for the wetlands.



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## D. Signatures and Submittal Requirements

I hereby certify under the penalties of perjury that the foregoing Request for Determination of Applicability and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge.

I further certify that the property owner, if different from the applicant, and the appropriate DEP Regional Office were sent a complete copy of this Request (including all appropriate documentation) simultaneously with the submittal of this Request to the Conservation Commission.

Failure by the applicant to send copies in a timely manner may result in dismissal of the Request for Determination of Applicability.

Name and address of the property owner:

David and Danielle Higgins

Name

50 Baldwinville State Road

Mailing Address

Winchendon

City/Town

MA

State

01475

Zip Code

Signatures:

I also understand that notification of this Request will be placed in a local newspaper at my expense in accordance with Section 10.05(3)(b)(1) of the Wetlands Protection Act regulations.

  
Signature of Applicant

5-17-2022

Date

  
Signature of Representative (if any)

5-17-2022

Date