

Massachusetts Department of Environmental ProtectionBureau of Resource Protection - Wetlands

Chilmark City/Town

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	1.	Applicant:			
		Deck View Nominee Trust	reid@vlse.net		
computer, use		Name	E-Mail Address		
only the tab key		c/o Vineyard Land Surveying & Engineering, Inc. P. O. Box 421			
to move your		Mailing Address			
cursor - do not use the return		West Tisbury	MA	02575	
key.		City/Town	State	Zip Code	
		508-693-3774		,	
tab		Phone Number	Fax Number (if applica	able)	
X	2.	Representative (if any):			
return		Vineyard Land Surveying & Engineering, Inc.			
		Firm			
		Reid G. Silva, P.E.	reid@vlse.net		
		Contact Name	E-Mail Address		
		P. O. Box 421			
		Mailing Address			
		West Tisbury	MA	02575	
		City/Town	State	Zip Code	
		508-693-3774			
		Phone Number	Fax Number (if applica	able)	
	B.	Determinations			
	1.	I request the Chilmark make the following determination(s). Check any that apply: Conservation Commission			
		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

e. whether the following **scope of alternatives** is adequate for work in the Riverfront Area as

of any municipal wetlands ordinance or bylaw of:

Chilmark

Name of Municipality

depicted on referenced plan(s).



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C. Project Description	วท
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1.	a. Project Location (use maps and plans to iden	•	ubject to this request):
	18 Austin Pasture Street Address	Chilmark City/Town	
	35	2	
	Assessors Map/Plat Number	Parcel/Lot Number	
	b. Area Description (use additional paper, if nec	essary):	
	Residential		
	c. Plan and/or Map Reference(s):		
	Site Plan in Chilmark, Mass. Prepared for James	Carlisle	Rev. 12/6/2023
	Title		Date
	Title		Date
	THO		Date
	Title		Date
2.	a. Work Description (use additional paper and/o	r provide plan(s) of work, if ne	ecessary):
	Trenching and installation of a proposed new water	erline, electrical servcie for pu	ump and 4" drain-line
with	hin a 100 ft. buffer zone to a bordering vegetated w		



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C. Project Description (cont.)

ned	cessary).
a. Riv	If this application is a Request for Determination of Scope of Alternatives for work in the erfront Area, indicate the one classification below that best describes the project.
	Single family house on a lot recorded on or before 8/1/96
	Single family house on a lot recorded after 8/1/96
	Expansion of an existing structure on a lot recorded after 8/1/96
	Project, other than a single-family house or public project, where the applicant owned the lot before 8/7/96
	New agriculture or aquaculture project
	Public project where funds were appropriated prior to 8/7/96
	Project on a lot shown on an approved, definitive subdivision plan where there is a recorded de restriction limiting total alteration of the Riverfront Area for the entire subdivision
	Residential subdivision; institutional, industrial, or commercial project
	Municipal project
	District, county, state, or federal government project
	Project required to evaluate off-site alternatives in more than one municipality in an Environmental Impact Report under MEPA or in an alternatives analysis pursuant to an application for a 404 permit from the U.S. Army Corps of Engineers or 401 Water Quality Certification from the Department of Environmental Protection.
	Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classification ove (use additional paper and/or attach appropriate documents, if necessary.)



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Name and address of the property owner:

Chilmark City/Town

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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.

Deck View Nominee Trust c/o Vineyard Land Surveying & Engineering, Inc. P. O. Box 421 Mailing Address West Tisbury City/Town MA 02575 State 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 Date Ringfold (Agent) 01/05/2024 Signature of Representative (if any) Date