

## **Massachusetts Department of Environmental Protection** Bureau of Resource Protection - Wetlands

Chilmark City/Town

### WPA Form 1- Request for Determination of Applicability

Town of Chilmark Wetlands Bylaw Only

### A. General Information

### Important: When filling out 1.

forms on the computer, use only the tab key to move your cursor - do not use the return key.





2.

В

1.

| Applicant:   |                                 |                        |
|--|---------------------------------|------------------------|
| Heather Sommers  | reid@vlse.net                   |                        |
| Name   | E-Mail Address                  | _                      |
| c/o Vineyard Land Surveying & Engineering, Inc. P. O. Box 421  |                                 |                        |
| Mailing Address West Tisbury   | MA                              | 02575                  |
| City/Town  | State                           | Zip Code               |
| 508-693-3774   | State                           | <b>p</b>               |
| Phone Number   | Fax Number (if applic           | cable)                 |
| Representative (if any):   |                                 |                        |
| Vineyard Land Surveying & Engineering, Inc.  |                                 |                        |
| Firm   |                                 |                        |
| Reid G. Silva, P.E. Contact Name   | reid@vlse.net<br>E-Mail Address |                        |
| P. O. Box 421  | E-IVIAII Address                |                        |
| Mailing Address  |                                 |                        |
| West Tisbury   | MA                              | 02575                  |
| City/Town  | State                           | Zip Code               |
| 508-693-3774   |                                 |                        |
| Phone Number   | Fax Number (if applic           | cable)                 |
|  |                                 |                        |
| . Determinations   |                                 |                        |
| I request the Chilmark make the following de   | etermination(s) Ch              | eck any that annly:    |
| Conservation Commission  |                                 | con any manappiy.      |
|  |                                 |                        |
| a. whether the <b>area</b> depicted on plan(s) and/or map(s) refer   | renced below is an              | area subject to        |
| jurisdiction of the Wetlands Protection Act.   |                                 |                        |
| b. whether the <b>boundaries</b> of resource area(s) depicted on   | plan(s) and/or maj              | o(s) referenced        |
| below are accurately delineated.   |                                 |                        |
| c. whether the <b>work</b> depicted on plan(s) referenced below is   | aubicat to the Wat              | ands Protection Act    |
| C. Whether the <b>work</b> depicted on plan(s) referenced below is   | Subject to the wett             | ands Protection Act.   |
| d. whether the area and/or work depicted on plan(s) reference of any municipal wetlands ordinance or bylaw of:     | nced below is subje             | ct to the jurisdiction |
| Chilmark   |                                 |                        |
| Name of Municipality   |                                 |                        |
|  |                                 |                        |
| <ul> <li>e. whether the following scope of alternatives is adequate<br/>depicted on referenced plan(s).</li> </ul> | tor work in the Riv             | ertront Area as        |



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| C. Project Description |
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| 1.  | a. Project Location (use maps and plans to identify the location of the area              | subject to this request): |
|-----|---|---------------------------|
|     | 76 State Road Chilmark  |                           |
|     | Street Address City/Town  |                           |
|     | 30 21   |                           |
|     | Assessors Map/Plat Number Parcel/Lot Number   |                           |
|     | b. Area Description (use additional paper, if necessary):                                 |                           |
|     | Residential   |                           |
|     |   |                           |
|     | c. Plan and/or Map Reference(s):  |                           |
|     | Proposed Septic System Upgrade On Land in Chilmark, Mass. for Heather                     | 3/18/2024                 |
|     | Sommers Prepared By VLS&E, Inc.   | Date                      |
|     | Title   | Date                      |
|     | Title   | Date                      |
| 2.  | a. Work Description (use additional paper and/or provide plan(s) of work, if              | necessary):               |
| Byl | Install and maintain a septic system upgrade with the buffer zone to an isolat law ONLY). | ed wetland (Chilmark      |



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| C. Project Description (cor |
|-----------------------------|
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| <ul> <li>Identify provisions of the Wetlands Protection Act or regulations which may exempt the application from having to file a Notice of Intent for all or part of the described work (use additional paper, if necessary).</li> </ul> |  |  |
|---|--|--|
|   |  |  |
|   |  |  |
| 3.  | a. If this application is a Request for Determination of Scope of Alternatives for work in the Riverfront 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 deed 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. |  |
|   | b. Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classification above (use additional paper and/or attach appropriate documents, if necessary.)  |  |



### Massachusetts Department of Environmental Protection

Bureau of Resource Protection - Wetlands

Name and address of the property owner:

Chilmark City/Town

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

### 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.

Sommers Name 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 Ringfalle (Agent) 03/21/2024 Signature of Representative (if any) Date