Gregory P. Bernard

Registered Sanitarian Approved Soil Evaluator Approved Title 5 System Inspector Danvers Industrial Park 3 Electronics Avenue Danvers, MA 01923 978-223-3490

May 15, 2018 3418

Boxford Conservation Commission Town Hall 7A Spofford Road Boxford, MA 01921

RE: 20 Moonpenny Drive (Map 40-01-09)

Dear Boxford Conservation Commission,

Enclosed, please find eight (8) copies of a Sewage Disposal System Plan dated May 15, 2018 (2 Sheets), Notice of Intent Application, and check for \$256.50 for property at 20 Moonpenny Drive.

The applicant, James Rybicki, proposes to install a 1000 Gallon Pump Chamber and associated piping in the 100 foot Buffer Zone of Bordering Vegetated Wetlands. Mr. Rybicki is selling the home and must replace the failed septic system that is located entirely in the Buffer Zone in the rear yard. The new leaching area will located outside the Buffer Zone in the front yard. No trees in the Buffer Zone are proposed to be removed. The Proposed Pump Chamber is located outside the 75 foot No Build Zone.

Kindly place this matter on the agenda for the next Conservation Committe meeting.

Respectfully,

Gregory P. Bernard

No.			
NO			

FEE				
1				

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Boxford, MA. APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Location 20 Moun	Denny Drive	Owner's Name James Rybicki
Location 20 Moun, Map/Parcel# 40 -	01-09	Address 131 Mckay St Apt & Bevery 01
Lot# 43		Telephone# 978-869-6140
Installer's Name		Designer's Name Gregory P. Prirnard
Address		Address 3 Electronics Ave Danvers
Telephone#		Telephone# 978-203-3490
voe of Building EX	sting Dwelling	Lot Size 2 Acres sq.
welling - Nonof Bedrooms	4	Garbage grinder (
ther - Type of Building	/	No. of persons Showers (), Cafeteria
ther Fixtures		
esign Flow (min. required)	165/bdrn gpd Calcu	ulated design flow 660 Design flow provided 660
lan: Date 5/15/18	Number of sheets	Revision Date
itle Sewage Dis	assil System 201	Mierpenny Dive
escription of Soil(s)	Se Soil ligs on	Plan Plan Bernardoate of Evaluation 5/7/18
oil Evaluator Form No.	Name of Soi	il Evaluator 1994 Bellia Date of Evaluation _ 3/7/18
ESCRIPTION OF REPAIRS	OR ALTERATIONS (SIN)	est apposed the and burne trumble to
28 4 W h = 2 4	/ / 5	
existing 1500	gal tank. Pump	to 18x42 Advanced Presby Field
existing 1500	gal tank. Pump	to 18x42 Advanced Presby Field
	es es	8
he undersigned agrees to ins	tall the above described Individ	ual Sewage Disposal System in accordance with the provisions of TITLE 5
the undersigned agrees to insurther agrees to not to place	stall the above described Individ the system in operation until a 0	tual Sewage Disposal System in accordance with the provisions of TITLE 5 Certificate of Compliance has been issued by the Board of Health.
the undersigned agrees to insurther agrees to not to place	tall the above described Individ	tual Sewage Disposal System in accordance with the provisions of TITLE 5 Certificate of Compliance has been issued by the Board of Health.
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he undersigned agrees to insurther agrees to not to place gned	COMMONWEA Board of Health, CERTIFICA	TE OF COMPLIANCE
he undersigned agrees to insurther agrees to not to place gned	COMMONWEA Board of Health, CERTIFICA ividual Component(s)	LITH OF MASSACHUSETTS , MA. ATE OF COMPLIANCE mplete System
he undersigned agrees to insurther agrees to not to place gned	COMMONWEA Board of Health, CERTIFICA ividual Component(s) □ Con	Tual Sewage Disposal System in accordance with the provisions of TITLE 5 Certificate of Compliance has been issued by the Board of Health. Date THE OF MASSACHUSETTS MA. ATE OF COMPLIANCE mplete System tem; Constructed (), Repaired (), Upgraded (), Abandoned ()
Description of Work: Ind	COMMONWEA Board of Health, CERTIFICA ividual Component(s) □ Con	Tual Sewage Disposal System in accordance with the provisions of TITLE 5 Certificate of Compliance has been issued by the Board of Health. Date

Boxford Conservation Commission Application Checklist-Notice of Intent (NOI)

This checklist is designed to assist the applicant in preparing a complete Notice of Intent application. One completed copy of the checklist should be submitted with the application. One (1) original and (7) copies of the NOI forms, plans and appurtenant data listed below are required to be submitted for a complete application

The following are required as part of a complete NOI application and are attached:

Attached Completed Notice of Intent form (available from the Conservation Office or at http://www.mass.gov/dep/appkits/wpaform3.pdf). (Note: A copy of a complete NOI must also be mailed to the MassDEP NERO, 205B

Lowell Street, Wilmington, MA 01887.)

Attached Site Plan. See next page for required elements of plan.

List of abutters within 250' of the project parcel(s) (and all pond abutters if applicable), prepared and certified by the Town Assessor's Office. (Note: A notice of public hearing will be prepared by the Conservation office and provided to the applicant when the application is submitted. At the public hearing, the applicant must provide evidence that the notice was

mailed to each of the persons on the certified abutters list.)

A copy of a check made out in the correct amount to the Department of Environmental Protection and a copy of a completed State Wetlands Fee Transmittal Form. (Note: the applicant is responsible for mailing this check along with a completed State Wetlands Fee Transmittal Form to the

DEP "Lockbox" at Box 4062, Boston MA 02211.)

A check for local filing fees made out in the correct amount to the "Town of Boxford".

Attached Proof of mailing or proof of hand delivery to the Natural Heritage and Endangered Species Program, if applicable.

Attached N/A Evidence that all other Boxford Bylaw permit applications relevant to the project have been filed, if applicable (e.g., Board of Health, Zoning Board of Appeals). Please list all other Bylaw permit filings:

The following must be shown on the site plan attached to the application:

✓ Shown	All appropriate plan requirements listed in Section 375-5(A)(1)(b) of the
	Town of Boxford Wetland Protection Bylaw Regulations.

The signature and stamp of a Registered Professional Land Surveyor, Registered Sanitarian, or Registered Professional Engineer, and the identity of the firm/person that delineated the wetland resource area..

Boundaries of all wetland resource areas (e.g., bordering vegetated wetland, bordering land subject to flooding). All demarcation flags must be located by survey in the field and shown on the plan.

Shown All wetland resource area setback lines (e.g., 100' Limit of Jurisdiction, 200' Riverfront, 25' No Disturb, 75' No Build).

Shown Existing contour information and proposed grading.

Existing site conditions and proposed changes including structures, pavement, landscaping, underground utilities and building overhangs. (Note: it may be necessary to show areas outside of the limits of jurisdictional wetland area in order to provide adequate information for the Commission to properly review the project.)

Shown All erosion / sedimentation control measures.

Pre- and post-development overstory tree line within jurisdictional area, and a calculation of the percent removal of overstory trees within the "discretionary cutting area" (see Section 375-4(A) and Section 375-98(D) (2) of the Boxford Wetlands Protection Regulations).

Applications subject to the DEP Stormwater Management Policy must include the following: (The plan and supporting documentation must also be mailed to the DEP Northeast Office and the Boxford DPW)

Attached Completed DEP Stormwater Management Form.

Stormwater & flood calculations using the Cornell Atlas rainfall estimates, prepared by a Professional Engineer.

Attached Operations and Maintenance Plan.

A stormwater management plan showing stormwater management features highlighted in separate colors, per section 375-5(A)(1)(d) of the Boxford Wetlands Protection Bylaw Regulations.



WPA Form 3 - Notice of Intent

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40 Boxford Wetlands Protection Bylaw, Town Code Ch. 192 & 375

MassDEP	File Number
Document	Transaction Numbe

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





Note: Before completing this form consult your local Conservation Commission regarding any municipal bylaw or ordinance.

20 MOONPENNY DRIVE	BOXFORD	01921
Street Address	b. City/Town	c. Zip Code
atitude and Longitude:	d. Latitude	e. Longitude
40-01-09	G. 24.1635	J
Assessors Map/Plat Number	g. Parcel /Lot Number	
pplicant:		
	RYBICKI	
JAMES First Name	b. Last Name	
Organization		
131 MCKAY STREET Street Address		
BEVERLY	MA	01915
. City/Town	f. State	g. Zip Code
978-869-6140	rybicki.james@gm	ail.com
Phone Number i. Fax Number	i. Email Address	
Property owner (required if different from JAMES AND BRENDA	RYBICKI	ore than one owner
	тарричани).	ore than one owner
JAMES AND BRENDA First Name Organization 131 MCKAY STREET	RYBICKI	ore than one owner
JAMES AND BRENDA First Name Organization 131 MCKAY STREET Street Address	RYBICKI b. Last Name	
JAMES AND BRENDA First Name Organization 131 MCKAY STREET Street Address BEVERLY	RYBICKI b. Last Name	ore than one owner 01915 q. Zip Code
JAMES AND BRENDA First Name Organization 131 MCKAY STREET Street Address	RYBICKI b. Last Name	01915
JAMES AND BRENDA First Name Organization 131 MCKAY STREET Street Address BEVERLY	RYBICKI b. Last Name	01915
JAMES AND BRENDA First Name Organization 131 MCKAY STREET Street Address BEVERLY City/Town	RYBICKI b. Last Name MA f. State	01915
JAMES AND BRENDA First Name Organization 131 MCKAY STREET Street Address BEVERLY City/Town Phone Number i. Fax Number Representative (if any):	RYBICKI b. Last Name MA f. State	01915 g. Zip Code
JAMES AND BRENDA First Name Organization 131 MCKAY STREET Street Address BEVERLY City/Town Phone Number i. Fax Number	MA f, State j. Email address	01915 g. Zip Code
JAMES AND BRENDA First Name Organization 131 MCKAY STREET Street Address BEVERLY City/Town Phone Number Representative (if any): GREGORY	RYBICKI b. Last Name MA f. State j. Email address BERNARD	01915 g. Zip Code
JAMES AND BRENDA First Name Organization 131 MCKAY STREET Street Address BEVERLY City/Town Phone Number Representative (if any): GREGORY First Name	RYBICKI b. Last Name MA f. State j. Email address BERNARD b. Last Name	01915 g. Zip Code
JAMES AND BRENDA First Name Organization 131 MCKAY STREET Street Address BEVERLY City/Town Phone Number Representative (if any): GREGORY First Name Company 3 ELECTRONICS AVENUE	RYBICKI b. Last Name MA f. State j. Email address BERNARD b. Last Name	01915 g. Zip Code
JAMES AND BRENDA First Name Organization 131 MCKAY STREET Street Address BEVERLY City/Town Phone Number Representative (if any): GREGORY First Name Company 3 ELECTRONICS AVENUE Street Address	RYBICKI b. Last Name MA f. State j. Email address BERNARD b. Last Name	01915 g. Zip Code

b. State Fee Paid

c. City/Town Fee Paid

\$310.00 (\$110 + \$200 LOCAL)

a. Total Fee Paid



WPA Form 3 – Notice of Intent

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40 Boxford Wetlands Protection Bylaw, Town Code Ch. 192 & 375

MassDEF	File Number
Documen	t Transaction Numbe

A. General Information (continued)

6. General Project Description:

INSTALL A 1000 GALLON PUMP CHAMBER AND ASSOCIATED PIPING IN THE BUFFER ZONE OF BORDERING VEGETATED WETLANDS.

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. DOther	
7b.		
	If the proposed activity is eligible to be treated as ar CMR10.24(8), 310 CMR 10.53(4)), complete and at Project Checklist and Signed Certification.	
8.	Property recorded at the Registry of Deeds for:	
	SOUTHERN ESSEX COUNTY a, County 33767 c. Book	b, Certificate # (if registered land) 399 d, Page Number
В.	Buffer Zone & Resource Area Impa	acts (temporary & permanent)
1. 2.	 ☑ Buffer Zone Only – Check if the project is located Vegetated Wetland, Inland Bank, or Coastal Re ☑ Inland Resource Areas (see 310 CMR 10.54-10 Coastal Resource Areas). 	source Area.
	Check all that apply below. Attach narrative and any project will meet all performance standards for each standards requiring consideration of alternative project.	of the resource areas altered, including



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

	Dogouro	o Aroa	Size of Proposed Alteration	Proposed Replacement (if any)
	Resourc	<u>e Area</u>	Size of Froposed Alteration	торозео першоотнети ди инту
	а. 🗆	Bank	1, linear feet	2. linear feet
	b. 🗆	Bordering Vegetated Wetland	1. square feet	2. square feet
	с. 🗆	Land Under Waterbodies and	1. square feet	2. square feet
		Waterways	3. cubic yards dredged	
	Resourc	ce Area	Size of Proposed Alteration	Proposed Replacement (if any)
	d. 🗆	Bordering Land Subject to Flooding	1. square feet	2. square feet
			3. cubic feet of flood storage lost	4. cubic feet replaced
	е. 🗆	Isolated Land Subject to Flooding	1. square feet	
			2. cubic feet of flood storage lost	3. cubic feet replaced
	f. 🗆	Riverfront Area	1. Name of Waterway (if available) - spec	cify coastal or inland
	2.	Width of Riverfront Area (check one):	
		☐ 25 ft Designated De	ensely Developed Areas only	
		☐ 100 ft New agricultu	ural projects only	
		☐ 200 ft All other proje	ects	
	3.	Total area of Riverfront Are	a on the site of the proposed projec	t: square feet
	4, 1	Proposed alteration of the F	Riverfront Area:	
	a. t	otal square feet	b. square feet within 100 ft.	c. square feet between 100 ft. and 200 ft.
	5. l	Has an alternatives analysi	s been done and is it attached to th	is NOI? ☐ Yes ☐ No
	6. 1	Was the lot where the activ	ity is proposed created prior to Aug	ust 1, 1996? ☐ Yes ☐ No
3.	☐ Coa	stal Resource Areas: (See	310 CMR 10.25-10.35)	
	Note:	for coastal riverfront areas,	please complete Section B.2.f. ab	oove.

For all projects affecting other Resource Areas, please attach a narrative explaining how the resource area was delineated.



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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.

Resou	rce Area	Size of Proposed A	<u>Alteration</u>	Proposed Replacement (if any)
а. 🗌	Designated Port Areas	Indicate size unde	er Land Under	the Ocean, below
ь. 🗆	Land Under the Ocean	1. square feet		
		2. cubic yards dredged		
с. 🗆	Barrier Beach	Indicate size under	r Coastal Bead	ches and/or Coastal Dunes below
d. 🔲	Coastal Beaches	1. square feet		2. cubic yards beach nourishment
е. 🗆	Coastal Dunes	1. square feet		2. cubic yards dune nourishment
		Size of Proposed	Alteration	Proposed Replacement (if any)
f. 🗆	Coastal Banks	1. linear feet		
g. 🗖	Rocky Intertidal Shores	1. square feet		
h. 🛘	Salt Marshes	1. square feet		2. sq ft restoration, rehab., creation
i. 🗆	Land Under Salt Ponds	1. square feet		
		2. cubic yards dredged		
j. 🗀	Land Containing Shellfish	1. square feet		
k. 🗆	Fish Runs			ks, inland Bank, Land Under the er Waterbodies and Waterways,
		1. cubic yards dredged		
	and Subject to oastal Storm Flowage	1. square feet	-	
4. ☐ R If the	estoration/Enhancement project is for the purpose of	f restoring or enhanc tered in Section B.2.I	ing a wetland b or B.3.h abo	resource area in addition to the ve, please enter the additional
a. squa	re feet of BVW		b. square feet of S	Salt Marsh
5. 🗆 P	roject Involves Stream Cros	ssings		
a, num	ber of new stream crossings		b. number of repla	acement stream crossings



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Docume	ent Transaction Number

C. Other Applicable Standards and Requirements

This is a proposal for an Ecological Restoration Limited Project. Skip Section C and
complete Appendix A: Ecological Restoration Limited Project Checklists - Required Actions
(310 CMR 10.11).

Streamlined Massachusetts Endangered Species Act/Wetlands Protection Act Review

 Is any portion of the proposed project located in Estimated Habitat of Rare Wildlife as indicated most recent Estimated Habitat Map of State-Listed Rare Wetland Wildlife published by the Natural Heritage and Endangered Species Program (NHESP)? To view habitat maps, see the Massachusetts Natural Heritage Atlas or go to http://maps.massgis.state.ma.us/PRI_EST_HAB/viewer.htm. 			
	a. 🗆 Yes 🖸	If yes, include proof of m	ailing or hand delivery of NOI to:
	2017 b. Date of map	Natural Heritage and Er Division of Fisheries an 1 Rabbit Hill Road Westborough, MA 0158	
	CMR 10.18). complete Sec complete Sec by completing up to 90 days	To qualify for a streamlined, 30-day, I tion C.1.c, and include requested mation C.2.f, if applicable. If MESA supply Section 1 of this form, the NHESP was to review (unless noted exceptions in	
	c. Submit Supplemental Information for Endangered Species Review* 1. 1. Percentage/acreage of property to be altered:		
	1. LJ P€	ercentage/acreage of property to be a	nereu.
	(a) Wit	thin wetland Resource Area	percentage/acreage
	(b) OU	tside Resource Area	percentage/acreage
	2. A	ssessor's Map or right-of-way plan of	site
2.	Project plans for entire project site, including wetland resource areas and areas outside of wetlands jurisdiction, showing existing and proposed conditions, existing and proposed tree/vegetation clearing line, and clearly demarcated limits of work		ed conditions, existing and proposed
		Project description (including descripti ouffer zone)	on of impacts outside of wetland resource area &
	(b) 🔲 🕒	Photographs representative of the site	4

^{*} Some projects **not** in Estimated Habitat may be located in Priority Habitat, and require NHESP review (see http://www.mass.gov/eea/agencies/dfg/dfw/natural-heritage/regulatory-review/). Priority Habitat includes habitat for state-listed plants and strictly upland species not protected by the Wetlands Protection Act.

^{**} MESA projects may not be segmented (321 CMR 10.16). The applicant must disclose full development plans even if such plans are not required as part of the Notice of Intent process.

wpaform3.doc • rev. 6/28/2016

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MassDEP File Number
Document Transaction Number

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

	(c) MESA filing fee (fee information available at http://www.mass.gov/dfwele/dfw/nhesp/regulatory_review/mesa/mesa_fee_schedule.htm). Make check payable to "Commonwealth of Massachusetts - NHESP" and <i>mail to NHESP</i> 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				
	Project is exempt from MESA review. Attach applicant letter indicating which MESA exemption applies. (See 321 CMR 10.14, http://www.mass.gov/dfwele/dfw/nhesp/regulatory_review/mesa/mesa_exemptions.htm ; 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:				
	Division of Marine Fisheries - Southeast Marine Fisheries Station Attn: Environmental Reviewer 1213 Purchase Street – 3rd Floor New Bedford, MA 02740-6694 Email: Division of Marine Fisheries - North Shore Office Attn: Environmental Reviewer 30 Emerson Avenue Gloucester, MA 01930 Email: DMF.EnvReview-North@state.ma.us Email: DMF.EnvReview-North@state.ma.us				
	the state of the s				



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

	4. Is any portion of the proposed project within an Area of Critical Environmental Concern (AC				
Online Users: Include your document		a, \square Yes \square No If yes, provide name of ACEC (see instructions to WPA Form 3 or MassDEP Website for ACEC locations). Note : electronic filers click on Website.			
transaction		b. ACEC			
number (provided on your receipt page) with all	5.	Is any portion of the proposed project within an area designated as an Outstanding Resource Water (ORW) as designated in the Massachusetts Surface Water Quality Standards, 314 CMR 4.00?			
supplementary		a. 🗆 Yes 💆 No			
information you submit to the Department.	6.	Is any portion of the site subject to a Wetlands Restriction Order under the Inland Wetlands Restriction Act (M.G.L. c. 131, § 40A) or the Coastal Wetlands Restriction Act (M.G.L. c. 130, § 105)?			
		a. 🗆 Yes 🛛 No			
	7.	Is this project subject to provisions of the MassDEP Stormwater Management Standards?			
		a. Yes. Attach a copy of the Stormwater Report as required by the Stormwater Management Standards per 310 CMR 10.05(6)(k)-(q) and check if: Applying for Low Impact Development (LID) site design credits (as described in Stormwater Management Handbook Vol. 2, Chapter 3)			
		2. A portion of the site constitutes redevelopment			
		3. Proprietary BMPs are included in the Stormwater Management System.			
		b. 🛛 No. Check why the project is exempt:			
		1, Single-family house			
		2. Emergency road repair			
		3. Small Residential Subdivision (less than or equal to 4 single-family houses or less than or equal to 4 units in multi-family housing project) with no discharge to Critical Areas.			
	D.	Additional Information			
		This is a proposal for an Ecological Restoration Limited Project. Skip Section D and complete Appendix A: Ecological Restoration Notice of Intent – Minimum Required Documents (310 CMR 10.12).			
		Applicants must include the following with this Notice of Intent (NOI). See instructions for details.			
		Online Users: Attach the document transaction number (provided on your receipt page) for any of the following information you submit to the Department.			
		1. USGS or other map of the area (along with a narrative description, if necessary) containing sufficient information for the Conservation Commission and the Department to locate the site (Electronic filers may omit this item.)			
		2. Plans identifying the location of proposed activities (including activities proposed to serve as a Bordering Vegetated Wetland [BVW] replication area or other mitigating measure) relative to the boundaries of each affected resource area.			



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Mas	sDEP Fi	le Numbe	er
Doc	ument Ti	ransactio	n Numbe

	D.	Additional	Information	(cont'd)
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D.	Addi	tional Information (cont'd)			
	з. 🗆	Identify the method for BVW and other res Field Data Form(s), Determination of Appli and attach documentation of the metho	icability, Order of Resource	ations (MassDEP BVW Area Delineation, etc.),	
	4. 🖾 List the titles and dates for all plans and other materials submitted with this NOI.				
	SEWAGE DISPOSAL SYSTEM 20 MOONPENNY DRIVE, BOXFORD, MA				
		an Title			
	G	REGORY P. BERNARD	GREGORY P. BERNA	\RD	
		repared By	c. Signed and Stamped by		
	MAY 15, 2018 d. Final Revision Date		1 INCH=20 FEET		
	a. F	nai Revision Date	e. Scale		
	f. Ac	lditional Plan or Document Title		g. Date	
	5. 🔲	If there is more than one property owner, $\boldsymbol{\mu}$ listed on this form.	please attach a list of these	property owners not	
6. Attach proof of mailing for Natural Heritage and Endangered Species Program, if nee			Program, if needed.		
	7. Attach proof of mailing for Massachusetts Division of Marine Fisheries, if needed.			s, 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 the Commonwealth, federally recognized authority, or the Massachusetts Bay Trans	ed Indian tribe housing autho		
		nts must submit the following information (i	in addition to pages 1 and 2	of the NOI Wetland	
		72.77	Stichis	~	
	2. Munici	pal Check Number	3. Check date		
		7278	5/15/18	>	
	4. State	Check Number	5. Check date	1	
		Coregory	Bernai	rd	
	6. Payor name on check: First Name 7. Payor name on check: Last Name				



WPA Form 3 - Notice of Intent

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40 Boxford Wetlands Protection Bylaw, Town Code Ch. 192 & 375

Ma	ssDEP Fil	e Numbe	er
Do	cument Tr	ansactio	n Numbe

F. Signatures and Submittal Requirements

I hereby certify under the penalties of perjury that the foregoing Notice of Intent and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge. I understand that the Conservation Commission will place notification of this Notice in a local newspaper at the expense of the applicant in accordance with the wetlands regulations, 310 CMR 10.05(5)(a).

I further certify under penalties of perjury that all abutters were notified of this application, pursuant to the requirements of M.G.L. c. 131, § 40. Notice must be made by Certificate of Mailing or in writing by hand delively or certified mail (return receipt requested) to all abutters within 100 feet of the property line of the project location.

-166	5/15/2013
1. Signature of Applicant	2. Date
3. Signature of Property Owner (if different)	4. Date 5/15/18
5. Signature of Representative (if any)	6. Date

For Conservation Commission:

Two copies of the completed Notice of Intent (Form 3), including supporting plans and documents, two copies of the NOI Wetland Fee Transmittal Form, and the city/town fee payment, to the Conservation Commission by certified mail or hand delivery.

For MassDEP:

One copy of the completed Notice of Intent (Form 3), including supporting plans and documents, one copy of the NOI Wetland Fee Transmittal Form, and a **copy** of the state fee payment to the MassDEP Regional Office (see Instructions) by certified mail or hand delivery.

Other

If the applicant has checked the "yes" box in any part of Section C, Item 3, above, refer to that section and the Instructions for additional submittal requirements.

The original and copies must be sent simultaneously. Failure by the applicant to send copies in a timely manner may result in dismissal of the Notice of Intent.



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



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

A.	Applicant	Information
1.	Location of Pro	ject:

20 MOONPENNY DRIVE a. Street Address	BOXFORD b. City/Town	
7278	\$53.50	
c. Check number	d. Fee amount	

RYBICKI

b. Last Name

2. Applicant Mailing Address:

JAMES

a. First Name

c, Organization			
131 MCKAY STREET APT. 2 d. Mailing Address BEVERLY		MA	01915
e. City/Town 978-869-6140		f. State rybicki.james@gmail.com	g. Zip Code
h. Phone Number	i. Fax Number	j. Email Address	

3. Property Owner (if different):

JAMES AND BRE a. First Name	ENDA	RYBICKI b. Last Name	
c. Organization			
d. Mailing Address			
e. City/Town		f. State	g. Zip Code
h. Phone Number	i. Fax Number	j. Email Address	

To calculate filing fees, refer to the category fee list and examples in the instructions for filling out WPA Form 3 (Notice of Intent).

B. Fees

Fee should be calculated using the following process & worksheet. *Please see Instructions before filling out worksheet.*

Step 1/Type of Activity: Describe each type of activity that will occur in wetland resource area and buffer zone.

Step 2/Number of Activities: Identify the number of each type of activity.

Step 3/Individual Activity Fee: Identify each activity fee from the six project categories listed in the instructions.

Step 4/Subtotal Activity Fee: Multiply the number of activities (identified in Step 2) times the fee per category (identified in Step 3) to reach a subtotal fee amount. Note: If any of these activities are in a Riverfront Area in addition to another Resource Area or the Buffer Zone, the fee per activity should be multiplied by 1.5 and then added to the subtotal amount.

Step 5/Total Project Fee: Determine the total project fee by adding the subtotal amounts from Step 4.

Step 6/Fee Payments: 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.



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

ees (continued)			
Step 1/Type of Activity	Step 2/Number of Activities	Step 3/Individual Activity Fee	Step 4/Subtotal Activity Fee
SEPTIC COMPONENT UPGRA	DE 1	\$110	\$110
	Step 5/1	Total Project Fee:	\$110 (PLUS \$200
	Step 6	6/Fee Payments:	
	Tota	Il Project Fee:	\$110 (PLUS \$200 a. Total Fee from Step 5
	State shar	e of filing Fee:	\$53.50 b. 1/2 Total Fee less \$12.50
	City/Town sha	re of filling Fee:	56.50+200 = \$256.50 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 for the state share of the fee, payable to the Commonwealth of Massachusetts.

Department of Environmental Protection Box 4062 Boston, MA 02211

b.) To the Conservation Commission: Send the Notice of Intent or Abbreviated Notice of Intent; a copy of this form; and the city/town fee payment.

To MassDEP Regional Office (see Instructions): Send a copy of the Notice of Intent or Abbreviated Notice of Intent; a **copy** of this form; and a **copy** of the state fee payment. (E-filers of Notices of Intent may submit these electronically.)

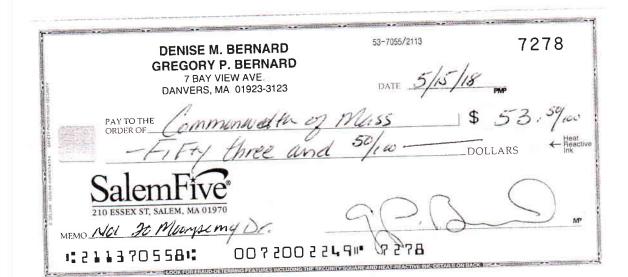
DENISE M. BERNARD
GREGORY P. BERNARD
7 BAY VIEW AVE.
DANVERS, MA 01923-3123

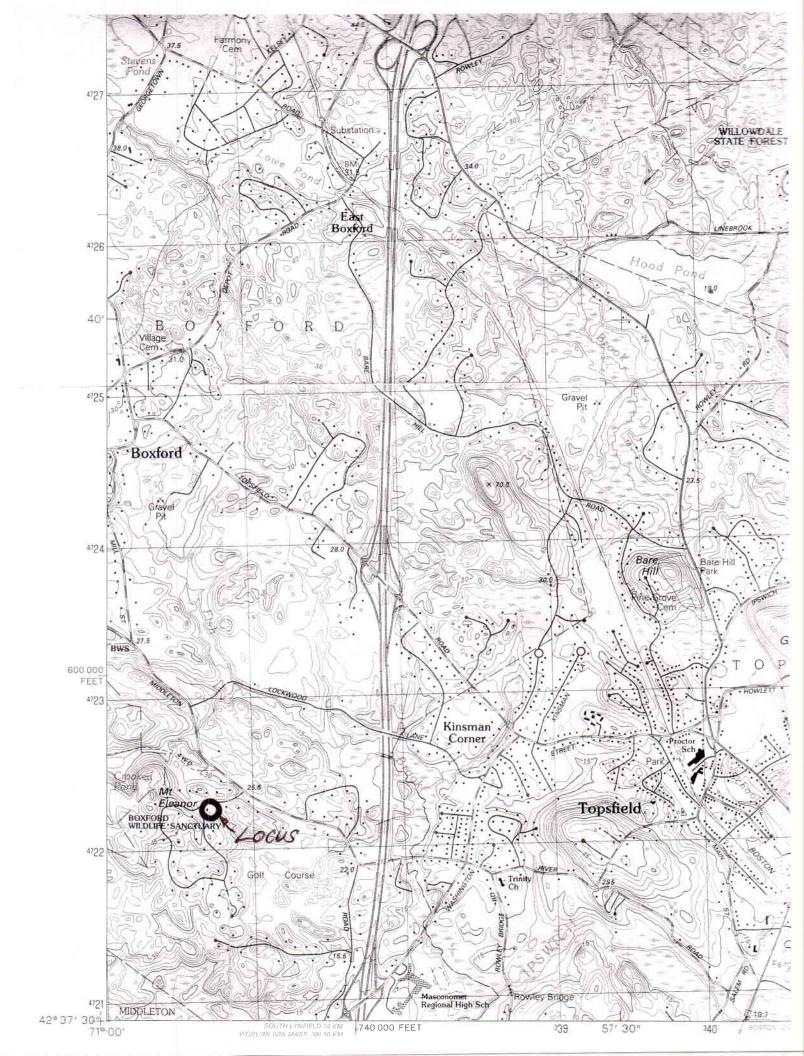
DATE 5/5/8

PAY TO THE OWN of Boxford
Solen Five
210 ESSEX ST, SALEM, MA 01970

MEMO NOT 20 Mon Jenny DY

MEMO NOT 20 Mon J





TOWN OF BOXFORD ABUTTER LIST PARCEL # 40-01-09 ~ 20 MOONPENNY DRIVE $\sim \text{CONSERVATION COMMISSION 250'}$

					Owner	0wner	Zip
Map/Lot	Location	Owner	Owner 2	Owner Address	City/Town	State	Code
(40-02-06)	17 MOONPENNY DR	CAREY SCOTT		17 MOONPENNY DR	BOXFORD	MA	01921
(40-01-07)	30 MOONPENNY DR	ESTABROOKS SCOTT D	ESTABROOKS JENNIFER S	30 MOONPENNY DR	BOXFORD	MA	01921
(40-01-11)	6 MOONPENNY DR	FLINN JOHN B JR.	FLINN JESSICA R	6 MOONPENNY DR	BOXFORD	MA	01921
(40-01-55)	21 WILDMEADOW RD	GERMATSKY ANATOLY P	GERMATSKAYA TATIANA	21 WILDMEADOW RD	BOXFORD	MA	01921
(40-01-08)	24 MOONPENNY DR	HOWARD PETER	HOWARD AUDREY	24 MOONPENNY DR	BOXFORD	MA	01921
(40-02-04)	9 MOONPENNY DR	KIRSHEN ANDREW T	DEIBEL CLARESE	9 MOONPENNY DR	BOXFORD	MA	01921
(40-01-10)	10 MOONPENNY DR	MIRABITO DAVID M	MIRABITO NOREEN E	10 MOONPENNY DR	BOXFORD	MA	01921
(40-03-02)	27 MOONPENNY DR	O'CONNOR M E & A D TR	T & B REALTY TR	27 MOONPENNY DR	BOXFORD	MA	01921
(40-02-05)	15 MOONPENNY DR	O'NEILL BARBARA N	TURGEON STEPHEN M	15 MOONPENNY DR	BOXFORD	MA	01921
(40-02-07)	1 CROOKED POND DR	PAGLIOCCO SEBASTIAN	MARILYN R PAGLIOCCO	1 CROOKED POND DR	BOXFORD	MA	01921
(40-03-01)	4 CROOKED POND DR	RENNICK CLINTEN J		4 CROOKED POND DR	BOXFORD	MA	01921
(40-01-09)	20 MOONPENNY DR	RYBICKI JAMES	RYBICKI BRENDA	20 MOONPENNY DR	BOXFORD	MA	01921

CERTIFIED COPY

May 15, 2018

No.			
NO.			

FEE		
FEE		

COMMONWEALTH OF MASSACHUSETTS

Board of Health, BoxFord, MA. APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct() Repar	ir() Upgrade(L) Abandon() - Complete System Individual Components
Location 20 Moonpenny Dr	
Map/Parcel# 40-01-09	Address 131 McKay St Apt & Bevery 019
Lot# 43	Telephone# 978-869-6140
Installer's Name	Designer's Name Gregory P. Bernard
Address	
Telephone#	Telephone# 978-223-3490
Type of Building Existing Dw	elling Lot Size 2 Acres sq. ft.
Dwelling - No. of Bedrooms	Garbage grinder (~)
Other - Type of BuildingOther Fixtures	No. of persons Showers (), Cafeteria ()
7	gpd Calculated design flow 660 Design flow provided 660 gpd
Plan: Date 5/15/18 Nur	mber of sheets Revision Date
Title Sewage Disposal Syste	en 20 Merpenny Dive
Description of Soil(s) Se Soil (
Soil Evaluator Form No//	Name of Soil Evaluator Jegy Bernard Date of Evaluation 5/7/18
The undersigned agrees to install the above desc	S Connect papered 1000 gal Purp Chamber to Pump to 18 x 43 Advanced Pres by Field Tribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and ration until a Certificate of Compliance has been issued by the Board of Health. Date

NoCOMM	ONWEALTH OF MASSACHUSETTS
Board	l of Health,, MA.
	ERTIFICATE OF COMPLIANCE
Description of Work: Individual Componen	
	Disposal System; Constructed (), Repaired (), Upgraded (), Abandoned ()
by:	
at	
has been installed in accordance with the provis application No, dated	sions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to(gpd)
Installer	