

Massachusetts Department of Environmental ProtectionBureau of Resource Protection - Wetlands

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





1.	Applicant:				
	Adam Chapdelaine	achapdelaine	achapdelaine@town.arlington.ma.us		
	Name	E-Mail Address			
	730 Mass. Ave. Annex				
	Mailing Address				
	Arlington	MA	02476		
	City/Town	State	Zip Code		
	781 316-3010	781 316-301			
	Phone Number	Fax Number (if	Fax Number (if applicable)		
2.	Representative (if any):				
	Samiotes Consultants				
	Firm				
	Stephen Garvin, PE		sgarvin@samiotes.com		
	Contact Name	E-Mail Address	E-Mail Address		
	20 A Street				
	Mailing Address				
	Framingham	MA MA	01701		
	City/Town	State	Zip Code		
	508 877-6688 x 13	508 877-834			
	Phone Number	Fax Number (if a	Fax Number (if applicable)		
B.	Determinations I request the Arlington 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.				
	☑ 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:				
	Arlington				
	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):				
	869 Massachusetts Ave	Arlington			
	Street Address	City/Town			
	53-2-4				
	Assessors Map/Plat Number	Parcel/Lot Number			
	b. Area Description (use additional paper, if necessary):				
	The project site is a 26.97-acre, Town of Arlington-owned lot located at 869 Massachusetts Avenue. It includes a Public High School, athletic fields, landscaped and parking areas. The eastern portion and western property boundaries consist of areas of wetlands, flood plain and Mill Brook. The lot slopes generally west to east.				
	c. Plan and/or Map Reference(s):				
	Overall Grading and Drainage Plan - Phase 1	01/23/20			
	Title	Date			
	Title	Date			
	Title	Date			
2.	a. Work Description (use additional paper and/or provide plan(s) of work, if necessary):				
gra bad	etland buffer zone includes the relocation of the cassed island south of the existing basketball cou	sturbed existing pavement. There is no disturbence			

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C. Project Description (cont.)

N	l/A		
a R	. If this application is a Request for Determination of Scope of Alternatives for work in the liverfront 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 crestriction limiting total alteration of the Riverfront Area for the entire subdivision		
	Residential subdivision; institutional, industrial, or commercial project		
\geq	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 a	. Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classificat bove (use additional paper and/or attach appropriate documents, if necessary.)		
N	I/A		

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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.

Epilure by the applicant to good copies is a timely manner may regult in dismissed of the Reguest for

	etermination of Applicability.	ter may result in distribution of the request for
Na	ame and address of the property owner:	
	Town of Arlington	1
	Name	
	730 Mass. Ave. Annex	
	Mailing Address	
	Arlington	
	City/Town	
	MA	02476
	State	Zip Code
Się	gnatures:	
	Iso understand that notification of this Request will be accordance with Section 10.05(3)(b)(1) of the Wetlar	
	Signature of Applicant	Date/
	Signature of Representative (if any)	Date