

### **Massachusetts Department of Environmental Protection**Bureau 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

mnortont						
mportant: When filling out	1.	Applicant:				
orms on the		Tim Lecuivre	tlecuivre@town.arlington.ma.us			
computer, use		Name	E-Mail Address			
only the tab key		51 Grove Street				
o move your cursor - do not		Mailing Address				
use the return		Arlington	MA	02476		
key.		City/Town	State	Zip Code		
		781-316-3301		,		
tab		Phone Number	Fax Number (if	applicable)		
return	2.	Representative (if any):	,	,		
		Firm				
		Emily Sullivan	esullivan@to	wn.arlington.ma.us		
		Contact Name	E-Mail Address			
		730 Massachusetts Ave				
		Mailing Address				
		Arlington	MA	02476		
		City/Town	State	Zip Code		
		781-316-3012				
		Phone Number	Fax Number (if	applicable)		
	_					
	В.	Determinations				
	1.	I request the Arlington 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.				
		<ul> <li>b. whether the <b>boundaries</b> of resource area(s) depicted on plan(s) and/or map(s) referenced below are accurately delineated.</li> </ul>				
		🗵 c. whether the <b>work</b> 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 <b>municipal wetlands ordinance</b> or <b>bylaw</b> of:				
		Arlington				
		Name of Municipality				

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depicted on referenced plan(s).

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



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### C. Project Description

1.	a. Project Location (use maps and plans to ider	ntify the location of the area su	bject to this request):						
	Minuteman Bikeway								
	Street Address	City/Town							
	Assessors Map/Plat Number	Parcel/Lot Number							
	b. Area Description (use additional paper, if neo	cessary):							
	The Minuteman Bikeway is a 10.5 mile bicycle and pedestrian trail that passes through Cambridge, Arlington, Lexington, and Bedford. Approximately 3.5 miles of the bikeway passes through Arlington. The bikeway receives approximately 950,000 trips annually, with almost 2,700 trips daily. There are four sections of the bikeway that fall under conservation jurisdiction. The first is near wetland areas along Thorndike Field in East Arlington. The second is along Spy Pond Park. The third is along the Mill Street section of Mill Brook. The fourth is along Mill Brook and No Name Brook between the Arlington Reservoir and Forest Street. The four sections are variably within the 100-ft Wetlands Buffer, the AURA, and the 200-ft Riverfront Area. The first (Thorndike) and fourth (Reservoir) sections of the bikeway are also within the floodplain/floodway. Please see these jurisdictional areas in the attached maps document.								
	c. Plan and/or Map Reference(s):								
	Bikeway Tree Maintenance RDA Map		2/11/2020						
	Title		Date						
	Title		Date						
	Title		Date						
2.	a. Work Description (use additional paper and/o	or provide plan(s) of work, if ne	ecessary):						
dea bac 10f dire	Tree maintenance work will be conducted to ensime hazardous debris. The tree canopy will be pruned wood. In addition to all canopy pruning, dead trock. Any dead trees within conservation jurisdiction for stump. No trees in conservation jurisdiction with with the brook along the bikeway will also be the or across the brook will be removed.	ed to lighten the canopy and reces along the bikeway will be that require maintenance will lill be flush cut. Trees and debr	emove all hazardous either removed or cut be left with at least 8- is that have fallen						
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C. Project Description (cont.)
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	b. Identify provisions of the Wetlands Protection Act or regulations which may exempt the applicant from having to file a Notice of Intent for all or part of the described work (use additional paper, if necessary).
	310 CMR 10.02(2)(b)2.n.i. Vegetation cutting for road safety maintenance, limited to the following: removal of diseased or damaged trees or branches that pose an immediate and substantial threat to safety from falling into the roadway
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
	☐ 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.)
	The Town of Arlington is responsible for the maintenance of the MBTA-owned Minuteman Bikeway.

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#### D. Signatures and Submittal Requirements

Name and address of the property owner:

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.

Town of Arlington, Town Manager's Office Name 730 Massachusetts Mailing Address Arlington City/Town MA 02476 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 Signature of Representative (if any) Date

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