

Ware C/c #1

**KEVIN B. BROOKS d/b/a  
MANY SPRINGS FARM ENVIRONMENTAL CONSULTANTS**

P.O. Box 222, Granby, MA 01033  
(413) 467-9660 • Fax (413) 467-9240  
nancyb0702@gmail.com



**NOTICE OF INTENT**

PROPOSE CONSTRUCTION OF A SINGLE FAMILY HOUSE (SFH )  
AT 140 SHORELINE DRIVE, WARE, MA

SUBMITTED by DAVID L. & BARBARA L. BLESSINGER

LIST of ATTACHMENTS :

- 1, NOI---WPA FORM 3
2. USGS LOCUS MAP ---- WINDSOR DAM, MASS  
WARE BOARD of HEALTH PERMIT dated 26 FEB 2020
- 3, FEE TRANSMITTAL & COPY of FILING FEE CHECKS (2)
4. CERTIFIED ABUTTER LIST & NOTIFICATION FORM
5. SITE PLAN





Massachusetts Department of Environmental Protection  
Bureau of Resource Protection - Wetlands

Provided by MassDEP:

**WPA Form 3 - Notice of Intent**

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

MassDEP File Number

Document Transaction Number

City/Town

WARE

**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.

**A. General Information**

1. Project Location (Note: electronic filers will click on button to locate project site):

140 SHORELINE DRIVE

a. Street Address

WARE

b. City/Town

01082

c. Zip Code

Latitude and Longitude:

MAP 50

f. Assessors Map/Plat Number

d. Latitude

24

e. Longitude

g. Parcel /Lot Number

2. Applicant:

DAVID L. & BARBARA L.

a. First Name

BLESSINGER

b. Last Name

c. Organization

7 OAKLEDGE ROAD

d. Street Address

CUMBERLAND

e. City/Town

RI

f. State

02864

g. Zip Code

(401) 465-9686 OR (401) 714-7108

h. Phone Number

i. Fax Number

j. Email Address

3. Property owner (required if different from applicant):

DAVID L. & BARBARA L.

a. First Name

☐ Check if more than one owner

BLESSINGER

b. Last Name

c. Organization

7 OAKLEDGE ROAD

d. Street Address

CUMBERLAND

e. City/Town

RI

f. State

02864

g. Zip Code

(401) 465-9686

h. Phone Number

i. Fax Number

j. Email address

4. Representative (if any):

KEVIN B.

a. First Name

BROOKS

b. Last Name

MARY SPRINGS FARM ENVIRONMENTAL CONSULTANTS

c. Company

246 STATE STREET - P.O. BOX 222

d. Street Address

GRANBY

e. City/Town

MA

f. State

01033-0222

g. Zip Code

(413) 467-9660

h. Phone Number

i. Fax Number

j. Email address

nancyb0702@Gmail.com

5. Total WPA Fee Paid (from NOI Wetland Fee Transmittal Form):

\$ 500.

a. Total Fee Paid

\$ 237.50

b. State Fee Paid

\$ 262.50

c. City/Town Fee Paid





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**A. General Information (continued)**

6. **General Project Description:** PROPOSED CONSTRUCTION OF A SINGLE FAMILY HOUSE(SFH) with the associated on-site SEPTIC SYSTEM, WELL, DECK(2 level) OVER THE PATIO, DRIVEWAY, and LAWN. ALL WOULD BE LOCATED IN THE 100 foot BUFFER ZONE of a SEASONAL WATERWAY. PLS refer to the enclosed "SITE PLAN of LAND for 140 SHORELINE DRIVE " by R. H. LEMAITRE, PE, PLS dated 4 MAY 2020.

**7a. Project Type Checklist: (Limited Project Types see Section A. 7b.)**

- |   |   |
|---|---|
| 1. <input checked="" type="checkbox"/> Single Family Home             | 2. <input type="checkbox"/> Residential Subdivision       |
| 3. <input type="checkbox"/> Commercial/Industrial                     | 4. <input type="checkbox"/> Dock/Pier                     |
| 5. <input type="checkbox"/> Utilities                                 | 6. <input type="checkbox"/> Coastal engineering Structure |
| 7. <input type="checkbox"/> Agriculture (e.g., cranberries, forestry) | 8. <input type="checkbox"/> Transportation                |
| 9. <input type="checkbox"/> Other                                     |   |

7b. Is any portion of the proposed activity eligible to be treated as a limited project (including Ecological Restoration Limited Project) subject to 310 CMR 10.24 (coastal) or 310 CMR 10.53 (inland)?

1. ☐ Yes ☒ No If yes, describe which limited project applies to this project. (See 310 CMR 10.24 and 10.53 for a complete list and description of limited project types)

**2. Limited Project Type**

If the proposed activity is eligible to be treated as an Ecological Restoration Limited Project (310 CMR 10.24(8), 310 CMR 10.53(4)), complete and attach Appendix A: Ecological Restoration Limited Project Checklist and Signed Certification.

8. Property recorded at the Registry of Deeds for:

a. County HAMPSHIRE

c. Book 13437

b. Certificate # (if registered land)

d. Page Number 70

**B. Buffer Zone & Resource Area Impacts (temporary & permanent)**

1. ☒ Buffer Zone Only – Check if the project is located only in the Buffer Zone of a Bordering Vegetated Wetland, Inland Bank, or Coastal Resource Area.
2. ☐ Inland Resource Areas (see 310 CMR 10.54-10.58; if not applicable, go to Section B.3, Coastal Resource Areas).

Check all that apply below. Attach narrative and any 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.



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Bureau of Resource Protection - Wetlands

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

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

Resource Area	Size of Proposed Alteration	Proposed Replacement (if any)
a. <input type="checkbox"/> Bank	1. linear feet	2. linear feet
b. <input type="checkbox"/> Bordering Vegetated Wetland	1. square feet	2. square feet
c. <input type="checkbox"/> Land Under Waterbodies and Waterways	1. square feet	2. square feet
	3. cubic yards dredged	

Resource Area	Size of Proposed Alteration	Proposed Replacement (if any)
d. <input type="checkbox"/> Bordering Land Subject to Flooding	1. square feet	2. square feet
	3. cubic feet of flood storage lost	4. cubic feet replaced
e. <input type="checkbox"/> Isolated Land Subject to Flooding	1. square feet	
	2. cubic feet of flood storage lost	3. cubic feet replaced
f. <input type="checkbox"/> Riverfront Area	1. Name of Waterway (if available) - specify coastal or inland	

2. Width of Riverfront Area (check one):

- ☐ 25 ft. - Designated Densely Developed Areas only
- ☐ 100 ft. - New agricultural projects only
- ☐ 200 ft. - All other projects

3. Total area of Riverfront Area on the site of the proposed project:

square feet

4. Proposed alteration of the Riverfront Area:

a. total square feet

b. square feet within 100 ft.

c. square feet between 100 ft. and 200 ft.

5. Has an alternatives analysis been done and is it attached to this NOI?

☐ Yes ☒ No

6. Was the lot where the activity is proposed created prior to August 1, 1996?

☐ Yes ☒ No

N/A 3. ☐ Coastal Resource Areas: (See 310 CMR 10.25-10.35)

Note: for coastal riverfront areas, please complete Section B.2.f. above.





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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.

<u>Resource Area</u>	<u>Size of Proposed Alteration</u>	<u>Proposed Replacement (if any)</u>
a. <input type="checkbox"/> Designated Port Areas	Indicate size under Land Under the Ocean, below	
b. <input type="checkbox"/> Land Under the Ocean	1. square feet 2. cubic yards dredged	
c. <input type="checkbox"/> Barrier Beach	Indicate size under Coastal Beaches and/or Coastal Dunes below	
d. <input type="checkbox"/> Coastal Beaches	1. square feet	2. cubic yards beach nourishment
e. <input type="checkbox"/> Coastal Dunes	1. square feet	2. cubic yards dune nourishment
	<u>Size of Proposed Alteration</u>	<u>Proposed Replacement (if any)</u>
f. <input type="checkbox"/> Coastal Banks	1. linear feet	
g. <input type="checkbox"/> Rocky Intertidal Shores	1. square feet	
h. <input type="checkbox"/> Salt Marshes	1. square feet	2. sq ft restoration, rehab., creation
i. <input type="checkbox"/> Land Under Salt Ponds	1. square feet 2. cubic yards dredged	
j. <input type="checkbox"/> Land Containing Shellfish	1. square feet	
k. <input type="checkbox"/> Fish Runs	Indicate size under Coastal Banks, inland Bank, Land Under the Ocean, and/or inland Land Under Waterbodies and Waterways, above 1. cubic yards dredged	
l. <input type="checkbox"/> Land Subject to Coastal Storm Flowage	1. square feet	

4. ☐ Restoration/Enhancement

If the project is for the purpose of restoring or enhancing a wetland resource area in addition to the square footage that has been entered in Section B.2.b or B.3.h above, please enter the additional amount here.

a. square feet of BVW

b. square feet of Salt Marsh

5. ☐ Project Involves Stream Crossings

a. number of new stream crossings

b. number of replacement stream crossings





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**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 Notice of Intent – Required Actions (310 CMR 10.11).

**Streamlined Massachusetts Endangered Species Act/Wetlands Protection Act Review**

1. Is any portion of the proposed project located in **Estimated Habitat of Rare Wildlife** as indicated on the 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](http://maps.massgis.state.ma.us/PRI_EST_HAB/viewer.htm).

a. ☐ Yes ☒ No **If yes, include proof of mailing or hand delivery of NOI to:**

Natural Heritage and Endangered Species Program  
Division of Fisheries and Wildlife  
1 Rabbit Hill Road  
Westborough, MA 01581

1 Oct 2008  
b. Date of map

If yes, the project is also subject to Massachusetts Endangered Species Act (MESA) review (321 CMR 10.18). To qualify for a streamlined, 30-day, MESA/Wetlands Protection Act review, please complete Section C.1.c, and include requested materials with this Notice of Intent (NOI); OR complete Section C.1.f, if applicable. *If MESA supplemental information is not included with the NOI, by completing Section 1 of this form, the NHESP will require a separate MESA filing which may take up to 90 days to review (unless noted exceptions in Section 2 apply, see below).*

c. Submit Supplemental Information for Endangered Species Review\*

1. ☐ Percentage/acreage of property to be altered:
- (a) within wetland Resource Area \_\_\_\_\_ percentage/acreage
- (b) outside Resource Area \_\_\_\_\_ percentage/acreage
2. ☐ Assessor'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 \*\*
- (a) ☐ Project description (including description of impacts outside of wetland resource area & buffer zone)
- (b) ☐ Photographs representative of the site

\* 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.





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**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](http://www.mass.gov/dfwele/dfw/nhESP/regulatory_review/mesa/mesa_fee_schedule.htm)). Make check payable to "Commonwealth of Massachusetts - NHESP" and **mail to NHESP** 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

1. ☐ 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](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.

N/A

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: [DMF.EnvReview-South@state.ma.us](mailto:DMF.EnvReview-South@state.ma.us)

North Shore - Hull to New Hampshire border:

Division of Marine Fisheries -  
North Shore Office  
Attn: Environmental Reviewer  
30 Emerson Avenue  
Gloucester, MA 01930  
Email: [DMF.EnvReview-North@state.ma.us](mailto:DMF.EnvReview-North@state.ma.us)

Also if yes, the project may require a Chapter 91 license. For coastal towns in the Northeast Region, please contact MassDEP's Boston Office. For coastal towns in the Southeast Region, please contact MassDEP's Southeast Regional Office.





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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 (ACEC)?
- a. ☐ Yes ☒ 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.
- b. ACEC
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?
- a. ☐ Yes ☒ No
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:
1. ☐ 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.) WINSOR DAM, MASS 1967  
USGS MAP
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. AS NOTED BELOW





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WARE  
City/Town

**D. Additional Information (cont'd)**

3. ☒ Identify the method for BVW and other resource area boundary delineations (MassDEP BVW Field Data Form(s), Determination of Applicability, Order of Resource Area Delineation, etc.), and attach documentation of the methodology. ANALYSIS OF WETLAND VEGETATION & SOIL ANALYSIS

4. ☒ List the titles and dates for all plans and other materials submitted with this NOI.  
SITE PLAN FOR 140 SHORELINE DRIVE, WARE OWNED BY DAVID L. BARBARA BLESSINGER  
a. Plan Title  
b. Prepared By R. H. LEMAITRE, PE, PLS  
c. Signed and Stamped by ROBERT H. LEMAITRE SURVEYER #30310  
d. Final Revision Date 4 MAY 2020  
e. Scale ONE (1) INCH = TWENTY (20) FEET

f. Additional Plan or Document Title

g. Date

- N/A 5. ☐ If there is more than one property owner, please attach a list of these property owners not listed on this form.  
N/A 6. ☐ Attach proof of mailing for Natural Heritage and Endangered Species Program, if needed.  
N/A 7. ☐ Attach proof of mailing for Massachusetts Division of Marine Fisheries, if needed.  
8. ☒ Attach NOI Wetland Fee Transmittal Form  
N/A 9. ☐ Attach Stormwater Report, if needed.

**E. Fees**

1. ☐ Fee Exempt: No filing fee shall be assessed for projects of any city, town, county, or district of the Commonwealth, federally recognized Indian tribe housing authority, municipal housing authority, or the Massachusetts Bay Transportation Authority.

Applicants must submit the following information (in addition to pages 1 and 2 of the NOI Wetland Fee Transmittal Form) to confirm fee payment:

2. Municipal Check Number 7207  
1208  
4. State Check Number  
6. Payor name on check: First Name BARBARA L. & DAVID L.

3. Check date 8/12/2020  
5. Check date 8/12/2020  
7. Payor name on check: Last Name BLESSINGER





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**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 delivery or certified mail (return receipt requested) to all abutters within 100 feet of the property line of the project location.

Barbara L. & David L. Blessinger by 15 Sept 2020  
1. Signature of Applicant 2. Date  
Keweenaw Brooks  
3. Signature of Property Owner (if different) 4. Date  
Keweenaw Brooks 16 Sept 2020  
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:**

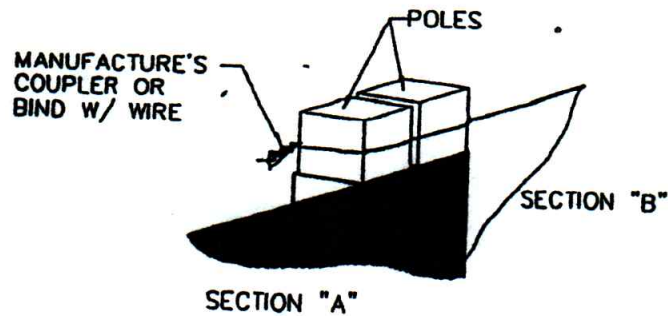
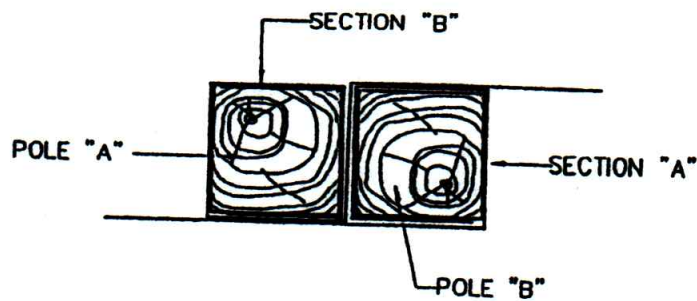
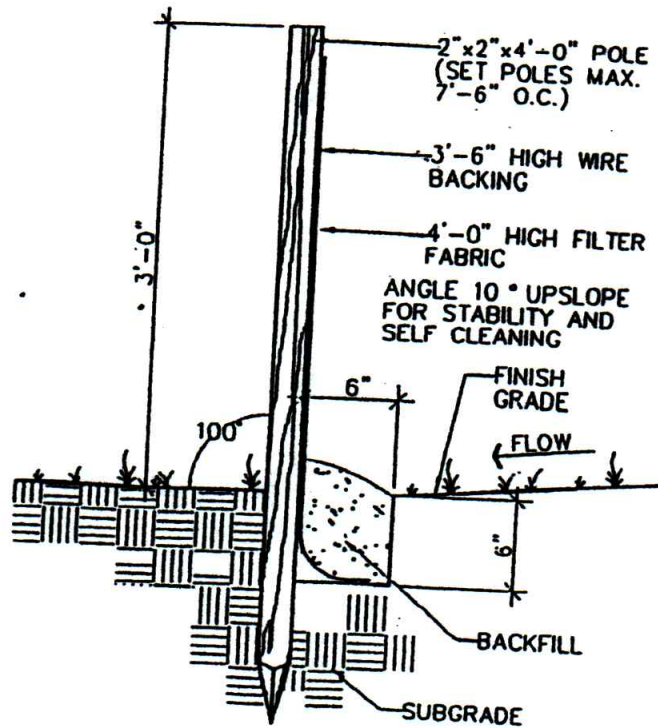
One copy of the completed Notice of Intent (Form 3), including supporting plans and documents, one copy of the NOI Wetland Fee Transmittal Form, and a copy of the state fee payment to the MassDEP Regional Office (see Instructions) by certified mail or hand delivery.

**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.

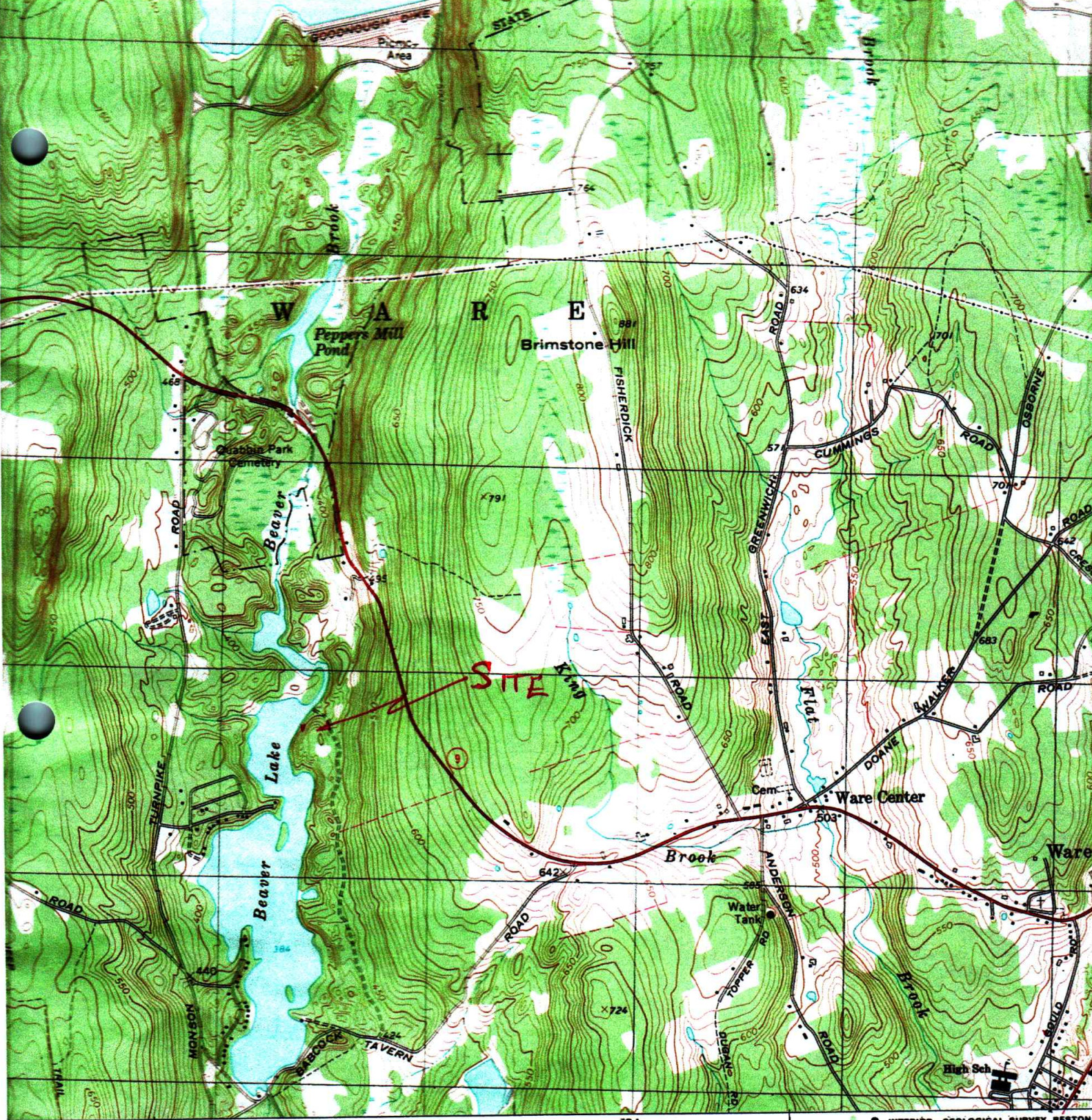




COUPLING OF ADJACENT SECTIONS

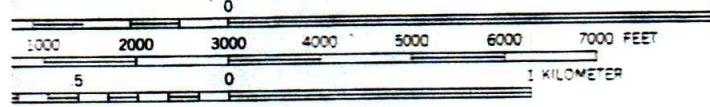
SILTATION CONTROL FENCE





(PALMER) 722  
6568 III NE

SCALE 1:25 000



CONTOUR INTERVAL 10 FEET  
AT GEODETIC VERTICAL DATUM OF 1929



QUADRANGLE LOCATION

725000m.E

**ROAD CLASSIFICATION**  
Primary highway, all weather, hard surface  
Light-duty improved surface  
Unimproved road, fair or poor weather  
State Route

COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS  
BY U. S. GEOLOGICAL SURVEY, RESTON, VIRGINIA 22092  
ING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

**WINSOR**  
N4215



No. 20-03

Fee \$50<sup>00</sup> pd.

THE COMMONWEALTH OF MASSACHUSETTS

Town OF Ware

**BOARD OF HEALTH**

February 26 2020

**This is to Certify that** \_\_\_\_\_

is hereby granted permission to install

**SEPTIC TANK**

on the premises at 140 Shoreline Drive

for David + Barbara Blessinger

in accordance with an application on file at this office. Said work must be done in strict conformity with the requirements of the regulations of the Board of Health relating thereto.

Michael J. Judo

CHAIRMAN OF THE BOARD OF HEALTH

Violation of any of the requirements or conditions will cause immediate revocation of this permit.

FORM 255 A.M. SULKIN CO., CHARLESTOWN, MA





Commonwealth of Massachusetts  
City/Town of Ware  
Application for Disposal System  
Construction Permit  
Form 1A

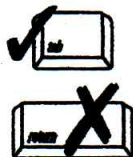
Number

\$ 50<sup>00</sup> fee.  
Fee CH # 7177  
2/26/2020

DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

**A. Facility Information**

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



Application is hereby made for a permit to: ☒ Construct a new on-site sewage disposal system  
☐ Repair or replace an existing on-site sewage disposal system  
☐ Repair or replace an existing system component

**1. Location of Facility:**

140 Shoreline Drive

Address or Lot #

Ware

City/Town

MA

State

01082

Zip Code

**2. Owner Information**

David & Barbara Blessinger

Name

7 Oakledge Rd.

Address (if different from above)

Cumberland

City/Town

RI

State

02864

Zip Code

401-334-0512

Telephone Number

**3. Installer Information**

Name

Name of Company

Address

City/Town

State

Zip Code

Telephone Number

FEB 26 2020  
BOARD OF HEALTH

**4. Designer Information**

Robert H. LeMaitre

Name

4 Skyview Drive

Address

Ware

City/Town

R. H. LeMaitre PE, PLS+

Name of Company

MA

State

01082

Zip Code

413-967-7878

Telephone Number

RECEIVED

FEB 26 2020

Board of Health



Commonwealth of Massachusetts  
City/Town of Ware  
**Application for Disposal System  
Construction Permit**  
Form 1A

Number

\$ 50<sup>00</sup> pd.

Fee Cst # 7177

2/26/2020

**A. Facility Information (continued)**

5. Type of Building:

☒ Dwelling

☐ Garbage Grinder (check if present)

Other: Type of Building \_\_\_\_\_

☐ Showers

Number of showers \_\_\_\_\_

☐ Cafeteria

Number of Persons Served \_\_\_\_\_

☐ Other fixtures \_\_\_\_\_

Specify other fixtures: \_\_\_\_\_

6. Design Flow:

330

Gallons per Day

Calculated Daily Flow:

352.24

Gallons

7. Plan:

January 31, 2020

Date of Original

1

Number of Sheets

Revision Date

Proposed Subsurface Disposal System at 140 Shoreline Drive in Ware

Title of Plan

8. Description of Soil:

Sand

FEB 26 2020  
BOARD OF HEALTH

9. Nature of Repairs or Alterations (if applicable):

10. Date last inspected:

Date

RECEIVED

FEB 26 2020

Board of Health





Commonwealth of Massachusetts  
City/Town of Ware  
**Application for Disposal System  
Construction Permit**  
Form 1A

Number


\$ 50<sup>00</sup> pd.

Fee Cht # 7177

2/26/2020

**B. Agreement**

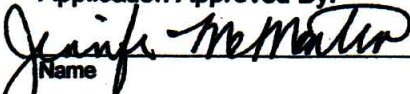
The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

  
Signature

Date

2-26-20

Application Approved By:

  
Name

Date

2/26/2020

Application Disapproved for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECEIVED

FEB 26 2020

Board of Health

FEB 26 2020  
BOARD OF HEALTH



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

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



## A. Applicant Information

1. Applicant:

DAVID L. & BARBARA L. BLESSINGER  
a. First Name b. Last Name c. Company  
7 OAKLEDGE ROAD  
d. Mailing Address  
CUMBERLAND  
e. City/Town RI 02864  
(401) 465-9686  
f. State g. Zip Code  
h. Phone Number

2. Property Owner (if different):

DAVID L. & BARBARA L. BLESSINGER  
a. First Name b. Last Name c. Company  
7 OAKLEDGE ROAD  
d. Mailing Address  
CUMBERLAND  
e. City/Town RI 02864  
(401) 465-9686 or (401) 714-7108  
f. State g. Zip Code  
h. Phone Number

3. Project Location:

140 SHORELINE DRIVE  
a. Street Address WARE  
b. City/Town

## B. Fees

### Notice of Intent (Form 3) or Abbreviated Notice of Intent (Form 4):

The fee should be calculated using the following six-step process and 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.

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





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

**B. Fees (continued)**

Step 1/Type of Activity	Step 2/Number of Activities	Step 3/Individual Activity Fee	Step 4/Subtotal Activity Fee
CATEGORY 2 - CONSTRUCTION OF A SINGLE FAMILY HOUSE	1	\$ 500.	\$ 500.

Step 5/Total Project Fee: \$ 500.

Step 6/Fee Payments:

Total Project Fee:

State share of filing fee:

City/Town share of filing fee:

\$ 500.  
a. Total fee from Step 5  
\$ 237.50  
b. 1/2 total fee less \$12.50  
\$ 262.50  
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.
- c.) To DEP 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.)



**TOWN OF WARE  
BOARD OF ASSESSORS**

**126 MAIN STREET, TOWN HALL, SUITE G  
WARE, MASSACHUSETTS 01082-1336  
TEL: (413) 967-9648X179 FAX: (413) 967-4227**

**July 7, 2020**

**Conservation Commision  
126 Main Street  
Ware, MA 01082**

**Re: 140 Shoreline Dr  
Map 50, Lot 24**

**Dear Board Members:**

**Listed on the attached sheet are the record owners of Real Property within 300' of the above-captioned property requested by Robert Lemaitre for the purpose of a Notice of Intent.**

**I certify the attached Abutters List to be true and complete to the best of my knowledge.**

**Respectfully,**

A handwritten signature in cursive script that reads "Laura A. Jablonski".

**Laura A. Jablonski  
Administrative Assistant**

**LAJ**

**Enclosure**

9-11-2020 Hampshire Registry of Deeds

Box 13437 pg 70



# Town of Ware Abutters List

07/07/2020

11:02:16AM

## Subject Parcel ID:

## Subject Property Location:

Parcel ID	Location	Owner	Co-Owner	Mailing Address	City	State	Zip
14-0-10	BEAVER LAKE	BEAVER LAKE TRUST INC		8 SHORELINE DR	WARE	MA	01082
26-0-13	MONSON TURNPIKE RD	BEAVER LAKE TRUST INC		8 SHORELINE DRIVE	WARE	MA	01082
26-0-14	BEICHERTOWN RD	BAPTISTE JAMES	BAPTISTE GERMAINE	530 THE ALAMEDA	BERKLEY	CA	94707
50-0-20	1 LAKEVIEW CR	SOHRE THOMAS K TR	TERRY THOMAS A TR OF T	1 LAKEVIEW CR	WARE	MA	01082
50-0-21	SHORELINE DR	SOHRE JOACHIM S TR JSS L F TR		1 LAKEVIEW CR	WARE	MA	01082
50-0-25	142 SHORELINE DR	GOUDREAU ERNEST A	GOUDREAU PATRICIA H	142 SHORELINE DR	WARE	MA	01082
50-0-27	146 SHORELINE DR	BERNARDOS PATRICIA	CHESTER PETER	146 SHORELINE DR	WARE	MA	01082
50-0-28	SHORELINE DR	SOHRE JOACHIM S TR JSS L F TR		1 LAKEVIEW CR	WARE	MA	01082
50-0-39	SHORELINE DR	SOHRE JOACHIM S TR JSS L F TR		1 LAKEVIEW CR	WARE	MA	01082
50-0-9	HORSESHOE CR	BEAVER LAKE TRUST INC		8 SHORELINE DR	WARE	MA	01082

Parcel Count: 10

End of Report

Notification to Abutters Under the  
Massachusetts Wetlands Protection Act

In accordance with the second paragraph of Massachusetts General Laws Chapter 131, Section 40, you are hereby notified of the following.

- A. The name of the applicant is DAVID L. & BARBARA L. BLESSINGER.
- B. The applicant has filed a Notice of Intent with the Conservation Commission for the municipality of WARE seeking permission to remove, fill, dredge or alter an Area Subject to Protection Under the Wetlands Protection Act (General Laws Chapter 131, Section 40).
- C. The address of the lot where the activity is proposed is 140 SHORELINE DRIVE, WARE, MA FOR THE PROPOSED CONSTRUCTION OF A SINGLE FAMILY HOUSE (SFH) IN THE 100 FOOT BUFFER ZONE OF A SEASONAL WATERWAY.
- D. Copies of the Notice of Intent may be examined at THE WARE CONSERVATION OFFICE - 126 MAIN ST., WARE, MA 01082 between the hours of 0900 and 1600 on the following days of the week: PLEASE CALL THE WARE CONSERVATION COMMISSION AS BELOW. For more information, call: (413) 967-9648. X-117 or X-118
- Check one: This is the applicant ☐, representative ☐, or other ☒ (specify):  
WARE CONSERVATION COMMISSION
- E. Copies of the Notice of Intent may be obtained from either (check one) the applicant ☐, or the applicant's representative ☒, by calling this telephone number (413) 467-9660 between the hours of 0900 and 1600 on the following days of the week: MONDAY THRU FRIDAY; A Reproduction FEE WILL BE CHARGED FOR THIS SERVICE = \$150. payable in advance!
- F. Information regarding the date, time, and place of the public hearing may be obtained from WARE CONSERVATION COMMISSION by calling this telephone number (413) 967-9648 X-117 between the hours of 09 and 1600 on the following days of the week:

Check one: This is the applicant ☐, representative ☐, or other ☒ (specify):  
WARE CONSERVATION COMMISSION

NOTE: Notice of the public hearing, including its date, time, and place, will be published at least five (5) days in advance in the WARE RIVER NEWS, MAIN STREET, WARE, MA (name of newspaper)

NOTE: Notice of the public hearing, including its date, time, and place, will be posted in the City or Town Hall not less than forty-eight (48) hours in advance.

NOTE: You also may contact your local Conservation Commission or the nearest Department of Environmental Protection Regional Office for more information about this application or the Wetlands Protection Act. To contact DEP, call:

Central Region: 508-792-7650

Northeast Region: 617-935-2160

Southeast Region: 508-946-2800

Western Region: 413-784-1100