



Massachusetts Department of Environmental Protection
& Bellingham Wetlands Protection Bylaw
Bureau of Resource Protection - Wetlands

Provided by MassDEP:

MassDEP File Number

Document Transaction Number

MILLIS

City/Town

WPA Form 3 – Notice of Intent

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.



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):

85 Dover Road

a. Street Address

Millis

b. City/Town

02054

c. Zip Code

Latitude and Longitude:

Map 53

f. Assessors Map/Plat Number

d. Latitude

e. Longitude

Parcel 39

g. Parcel /Lot Number

2. Applicant:

Kevin R. Foley

b. First Name

85 Dover Road

c. Street Address

Millis

d. City/Town

Ma.

f. State

02054

g. Zip Code

h. Phone Number

i. Fax Number

617-513-4388

j. Email Address

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

☐ Check if more than one owner

a. First Name

b. Last Name

c. Organization

d. Street Address

e. City/Town

f. State

g. Zip Code

h. Phone Number

i. Fax Number

j. Email address

4. Representative (if any):

Paul

a. First Name

DeSimone

b. Last Name

Colonial Engineering

c. Company

11 Awl Street

d. Street Address

Medway

e. City/Town

Ma.

f. State

02053

g. Zip Code

508-533-1644

h. Phone Number

508-533-1644

i. Fax Number

colonial.eng@verizon.net

j. Email address

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

\$610

a. Total Fee Paid

\$280.00

b. State Fee Paid

\$330.00

c. City/Town Fee Paid



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A. General Information (continued)

6. General Project Description:

Proposed Sewage Disposal System

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)?
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)
1. ☐ Yes ☐ No

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:

Norfolk

a. County

209048

b. Certificate # (if registered land)

c. Book

d. Page Number

A. 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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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.

<u>Resource Area</u>	<u>Size of Proposed Alteration</u>	<u>Proposed Replacement (if any)</u>
a. <input type="checkbox"/> Bank	1. linear feet	2. linear feet
b. <input type="checkbox"/> Bordering Vegetated Wetland	204 S.F. 1. square feet	0 S.F. 2. square feet
c. <input type="checkbox"/> Land Under Waterbodies and Waterways	1. square feet	2. square feet
	3. cubic yards dredged	

<u>Resource Area</u>	<u>Size of Proposed Alteration</u>	<u>Proposed Replacement (if any)</u>
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

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.

Resource Area	Size of Proposed Alteration	Proposed Replacement (if any)
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
	Size of Proposed Alteration	Proposed Replacement (if any)
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 Limited Project Checklists – 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.

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

2022
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.2.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/nhosp/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/nhosp/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?

☒ 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

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

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)

Online Users:
Include your document transaction number (provided on your receipt page) with all supplementary information you submit to the Department.

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:
- ☒ Single-family house
1. ☐ Emergency road repair
 2. ☐ 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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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.

4. ☐ List the titles and dates for all plans and other materials submitted with this NOI.

PROPOSED SEWAGE DISPOSAL SYSTEM

a. Plan Title

Colonial Engineering INC.

Paul Saulnier P.E.

b. Prepared By

c. Signed and Stamped by

12/28/2023

1"=20'

d. Final Revision Date

e. Scale

f. Additional Plan or Document Title

g. Date

5. ☐ If there is more than one property owner, please attach a list of these property owners not listed on this form.
6. ☐ Attach proof of mailing for Natural Heritage and Endangered Species Program, if needed.
7. ☐ Attach proof of mailing for Massachusetts Division of Marine Fisheries, 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 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:

6069
2. Municipal Check Number

12/28/2023

3. Check date

6070
4. State Check Number

12/28/2023

5. Check date

Kevin
6. Payor name on check: First Name

Foley

7. Payor name on check: Last Name



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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.

K. R. Faly
1. Signature of Applicant

12/28/23
2. Date

3. Signature of Property Owner (if different)

Bel F. W. I

4. Date

12/28/23

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.



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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. Location of Project:

85 Dover Road

a. Street Address

Millis

b. City/Town

6070

c. Check number

\$280.00

d. Fee amount

2. Applicant Mailing Address:

Kevin

a. First Name

Foley

b. Last Name

c. Organization

85 Dover Road

d. Mailing Address

Millis

e. City/Town

Ma.

f. State

02054

g. Zip Code

617-513-4388

h. Phone Number

i. Fax Number

j. Email Address

3. Property Owner (if different):

a. First Name

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

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.

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



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B. Fees (continued)

Step 1/Type of Activity	Step 2/Number of Activities	Step 3/Individual Activity Fee	Step 4/Subtotal Activity Fee
Category 1E	1	\$110	\$110
Category 2J	1	\$500	\$500
Step 5/Total Project Fee:			\$610

Step 6/Fee Payments:

Total Project Fee:	\$610
a. Total Fee from Step 5	
State share of filing Fee:	\$280.00
b. 1/2 Total Fee less \$12.50	
City/Town share of filling Fee:	\$330.00
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.)

BORDERING VEGETATED WETLAND DETERMINATION FORM

Project/Site: 85 Dover Road City/Town: Millis Sampling Date: 12/8/23
 Applicant/Owner: Kevin Foley Sampling Point or Zone: Flag 4 wet
 Investigator(s): Karon Skinner Catrone Latitude / Longitude: 42.18040/-71.33542
 Soil Map Unit Name: Scio/Scarboro NWI or DEP Classification: _____

Are climatic/hydrologic conditions on the site typical for this time of year? Yes ☒ No ☐ (If no, explain in Remarks)

Are Vegetation ☐, Soil ☐, or Hydrology ☐ significantly disturbed? (If yes, explain in Remarks)

Are Vegetation ☐, Soil ☐, or Hydrology ☐ naturally problematic? (If yes, explain in Remarks)

SUMMARY OF FINDINGS – Attach site map and photograph log showing sampling locations, transects, etc.

Wetland vegetation criterion met?

Yes ☒ No ☐

Hydric Soils criterion met?

Yes ☒ No ☐

Wetlands hydrology present?

Yes ☒ No ☐

Is the Sampled Area

Yes ☒ No ☐

within a Wetland?

Remarks, Photo Details, Flagging, etc.:

HYDROLOGY

Field Observations:

Surface Water Present?

Yes ☒ No ☐ Depth (inches) _____

Water Table Present?

Yes ☒ No ☐ Depth (inches) _____

Saturation Present (including capillary fringe)?

Yes ☒ No ☐ Depth (inches) _____

Wetland Hydrology Indicators

Reliable Indicators of Wetlands Hydrology

Indicators that can be Reliable with Proper Interpretation

Indicators of the Influence of Water

- ☐ Water-stained leaves
- ☐ Evidence of aquatic fauna
- ☐ Iron deposits
- ☐ Algal mats or crusts
- ☐ Oxidized rhizospheres/pore linings
- ☐ Thin muck surfaces
- ☐ Plants with air-filled tissue (aerenchyma)
- ☐ Plants with polymorphic leaves
- ☐ Plants with floating leaves
- ☐ Hydrogen sulfide odor

- ☒ Hydrological records
- ☐ Free water in a soil test hole
- ☒ Saturated soil
- ☐ Water marks
- ☐ Moss trim lines
- ☐ Presence of reduced iron
- ☐ Woody plants with adventitious roots
- ☐ Trees with shallow root systems
- ☐ Woody plants with enlarged lenticels

- ☒ Direct observation of inundation
- ☐ Drainage patterns
- ☐ Drift lines
- ☐ Scoured areas
- ☐ Sediment deposits
- ☐ Surface soil cracks
- ☐ Sparsely vegetated concave surface
- ☐ Microtopographic relief
- ☐ Geographic position (depression, toe of slope, fringing lowland)

Remarks (describe recorded data from stream gauge, monitoring well, aerial photos, previous inspections, if available):

This form is only for BVW delineations. Other wetland resource areas may be present and should be delineated according to the applicable regulatory provisions.

VEGETATION – Use both common and scientific names of plants.

<u>Tree Stratum</u>		Plot size _____		Indicator Status	Absolute % Cover	Dominant? (yes/no)	Wetland Indicator? (yes/no)
Common name	Scientific name						
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
				0 = Total Cover			
<u>Shrub/Sapling Stratum</u>		Plot size _____		Indicator Status	Absolute % Cover	Dominant? (yes/no)	Wetland Indicator? (yes/no)
Common name	Scientific name						
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
				NaN = Total Cover			
<u>Herb Stratum</u>		Plot size _____		Indicator Status	Absolute % Cover	Dominant? (yes/no)	Wetland Indicator? (yes/no)
Common name	Scientific name						
1. Sphagnum		FACW		38.0	Yes		Yes
2. Grass	Echinochloa crusgalli	FACU		10.5	No		Yes
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
				48.5 = Total Cover			

VEGETATION – continued.

Woody Vine Stratum		Plot size _____			
		Indicator Status	Absolute % Cover	Dominant? (yes/no)	Wetland Indicator? (yes/no)
Common name		Scientific name			
1.					
2.					
3.					
4.					
		0.0 = Total Cover			

Rapid Test: Do all dominant species have an indicator status of OBL or FACW?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Dominance Test:	Number of dominant species	Number of dominant species that are wetland indicator plants		Do wetland indicator plants make up ≥ 50% of dominant plant species? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	1	1		
Prevalence Index:		Total % Cover (all strata)	Multiply by:	Result
	OBL species		X 1	= 0.00
	FACW species	1	X 2	= 2.00
	FAC species		X 3	= 0.00
	FACU species	1	X 4	= 4.00
	UPL species		X 5	= 0.00
	Column Totals	(A) 2		(B) 6
Prevalence Index		B/A = 3.00		Is the Prevalence Index ≤ 3.0? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Wetland vegetation criterion met? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

Definitions of Vegetation Strata

- Tree - Woody plants 3 in. (7.62 cm) or more in diameter at breast height (DBH), regardless of height
- Shrub / Sapling - Woody plants less than 3 in. (7.62 cm) DBH and greater than or equal to 3.3 ft. (1 m) tall
- Herb - All herbaceous (non-woody plants, regardless of size, and woody plants less than 3.3 ft. (1 m) tall
- Woody vines - All woody vines greater than 3.3 ft. (1 m) in height

Cover Ranges	
Range	Midpoint
1-5 %	3.0 %
6-15 %	10.5 %
15-25 %	20.5 %
26-50 %	38.0 %
51-75 %	63.0 %
76-95 %	85.5 %
96-100 %	98.0 %

4

BORDERING VEGETATED WETLAND DETERMINATION FORM

Project/Site: 85 Dover Road City/Town: Millis Sampling Date: 12/8/23
 Applicant/Owner: Kevin Foley Sampling Point or Zone: Flag 4 Upland
 Investigator(s): Karon Skinner Catrone Latitude / Longitude: 42.18040/-71.33542
 Soil Map Unit Name: Scio/Scarboro NWI or DEP Classification: _____

Are climatic/hydrologic conditions on the site typical for this time of year? Yes ☒ No ☐ (If no, explain in Remarks)

Are Vegetation ☐, Soil ☐, or Hydrology ☐ significantly disturbed? (If yes, explain in Remarks)

Are Vegetation ☐, Soil ☐, or Hydrology ☐ naturally problematic? (If yes, explain in Remarks)

SUMMARY OF FINDINGS – Attach site map and photograph log showing sampling locations, transects, etc.

Wetland vegetation criterion met?

Yes ☐ No ☒

Hydric Soils criterion met?

Yes ☐ No ☒

Wetlands hydrology present?

Yes ☐ No ☒

Is the Sampled Area
within a Wetland?

Yes ☐ No ☒

Remarks, Photo Details, Flagging, etc.:

HYDROLOGY

Field Observations:

Surface Water Present?

Yes ☐ No ☒ Depth (inches) _____

Water Table Present?

Yes ☐ No ☒ Depth (inches) _____

Saturation Present (including capillary fringe)?

Yes ☐ No ☒ Depth (inches) _____

Wetland Hydrology Indicators

Reliable Indicators of Wetlands Hydrology

- ☐ Water-stained leaves
- ☐ Evidence of aquatic fauna
- ☐ Iron deposits
- ☐ Algal mats or crusts
- ☐ Oxidized rhizospheres/pore linings
- ☐ Thin muck surfaces
- ☐ Plants with air-filled tissue (aerenchyma)
- ☐ Plants with polymorphic leaves
- ☐ Plants with floating leaves
- ☐ Hydrogen sulfide odor

Indicators that can be Reliable with Proper Interpretation

- ☐ Hydrological records
- ☐ Free water in a soil test hole
- ☐ Saturated soil
- ☐ Water marks
- ☐ Moss trim lines
- ☐ Presence of reduced iron
- ☐ Woody plants with adventitious roots
- ☐ Trees with shallow root systems
- ☐ Woody plants with enlarged lenticels

Indicators of the Influence of Water

- ☐ Direct observation of inundation
- ☐ Drainage patterns
- ☐ Drift lines
- ☐ Scoured areas
- ☐ Sediment deposits
- ☐ Surface soil cracks
- ☐ Sparsely vegetated concave surface
- ☐ Microtopographic relief
- ☐ Geographic position (depression, toe of slope, fringing lowland)

Remarks (describe recorded data from stream gauge, monitoring well, aerial photos, previous inspections, if available):

This form is only for BVW delineations. Other wetland resource areas may be present and should be delineated according to the applicable regulatory provisions.

VEGETATION – Use both common and scientific names of plants.

<u>Tree Stratum</u>		Plot size _____			
Common name	Scientific name	Indicator Status	Absolute % Cover	Dominant? (yes/no)	Wetland Indicator? (yes/no)
1.					
2.		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3.					
4.					
5.					
6.					
7.					
8.					
9.					

0 _____ = Total Cover

<u>Shrub/Sapling Stratum</u>		Plot size _____			
Common name	Scientific name	Indicator Status	Absolute % Cover	Dominant? (yes/no)	Wetland Indicator? (yes/no)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

0 _____ = Total Cover

<u>Herb Stratum</u>		Plot size _____			
Common name	Scientific name	Indicator Status	Absolute % Cover	Dominant? (yes/no)	Wetland Indicator? (yes/no)
1. Grass	Echinochloa crusgalli	FACU <input type="checkbox"/>	20.5	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Ground Ivy	Echinochloa crusgalli	FACU <input type="checkbox"/>	10.5	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Clover	Trifolium repens	FACU <input type="checkbox"/>	10.5	No <input type="checkbox"/>	No <input type="checkbox"/>
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

41.5 _____ = Total Cover

VEGETATION – continued.Woody Vine Stratum

Plot size _____

Common name	Scientific name	Indicator Status	Absolute % Cover	Dominant? (yes/no)	Wetland Indicator? (yes/no)
1.					
2.					
3.					
4.					
0.0 = Total Cover					

Rapid Test:		Do all dominant species have an indicator status of OBL or FACW?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Dominance Test:	Number of dominant species	Number of dominant species that are wetland indicator plants		Do wetland indicator plants make up ≥ 50% of dominant plant species?	
	2	0		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Prevalence Index:		Total % Cover (all strata)	Multiply by:	Result	
	OBL species		X 1	= 0.00	
	FACW species		X 2	= 0.00	
	FAC species		X 3	= 0.00	
	FACU species	3	X 4	= 12.00	
	UPL species		X 5	= 0.00	
	Column Totals	(A) 3		(B) 12	
Prevalence Index		B/A = 4.00		Is the Prevalence Index ≤ 3.0?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wetland vegetation criterion met?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

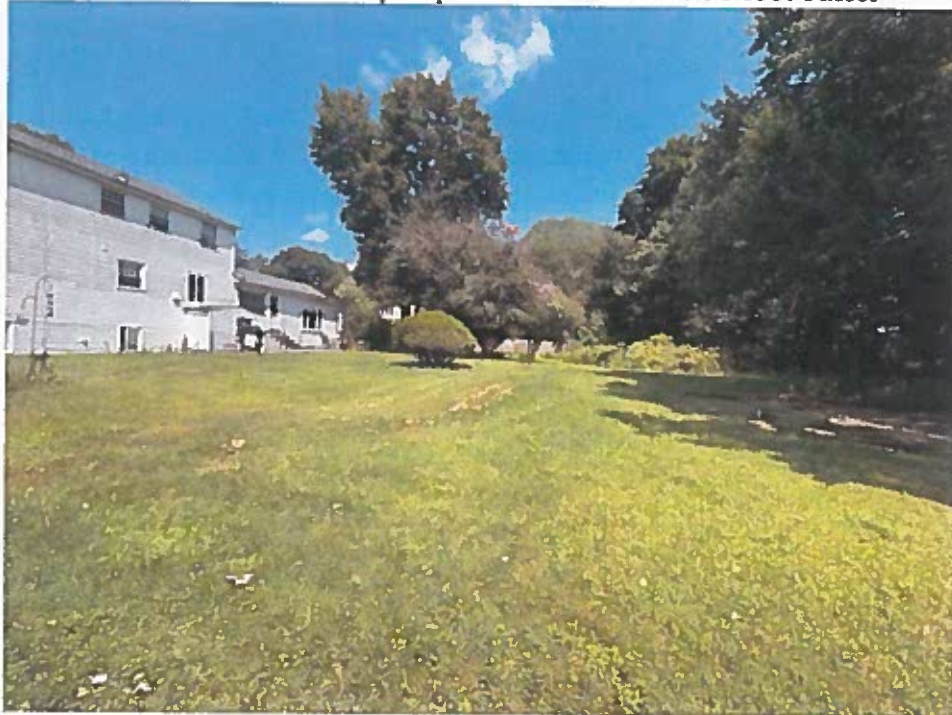
Definitions of Vegetation Strata

- Tree - Woody plants 3 in. (7.62 cm) or more in diameter at breast height (DBH), regardless of height
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- Herb - All herbaceous (non-woody plants, regardless of size, and woody plants less than 3.3 ft. (1 m) tall
- Woody vines - All woody vines greater than 3.3 ft. (1 m) in height

Cover Ranges	
Range	Midpoint
1-5 %	3.0 %
6-15 %	10.5 %
15-25 %	20.5 %
26-50 %	38.0 %
51-75 %	63.0 %
76-95 %	85.5 %
96-100 %	98.0 %

4

Rear yard – area of tank and pump chamber – outside 50 foot buffer



Wetland Resource Area





TOWN OF MILLIS

Robert Veaner-Chair
Lisa Harding
Joy Ricciuto

OFFICE OF THE BOARD OF ASSESSORS

900 Main Street • Millis, MA 02054

Phone: 508-376-7049

Fax: 508-376-7055

Teri Gonsalves
Assessor
tgonsalves@millisma.gov

Liz Rand
Dept. Assistant
erand@millisma.gov

REQUEST FOR A CERTIFIED ABUTTERS LIST

Date of Request: 12/28/23

Requested by: Paul DeSimone Colonial eng.

Telephone number: 508-533-1644

Property Owner: Kevin R. Foley

Property Location: 85 Dover Rd.

Map/Parcel Number: Map 53 Parcel 39

All departments 300 feet – COST \$25.00

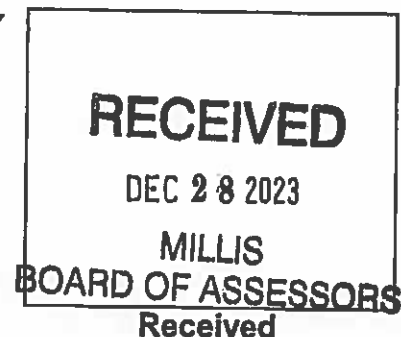
Department issued for _____ Is this for a liquor license? ___ Yes ___ No

All certified Abutters List must be signed off by the Assessor's office.
Please make your check payable to the Town of Millis and mail along with your application. The Assessor's office processes the requests as quickly as possible.

ASSESSORS' OFFICE USE ONLY

Cash ☐ Check ☒ #5826

Completed on: 12-28-23 DM
Date



Disclaimer: This abutters list is done to the best of our knowledge



300 foot Abutters List Report

Millis, MA

December 28, 2023

CERTIFIED COPY by the TOWN OF MILLIS

Subject Property:

Parcel Number: 0053-0039-0000
CAMA Number: 0053-0039-0000
Property Address: 85 DOVER RD

Assessors Office 

Mailing Address: KEVIN R FOLEY, TRUSTEE KDR FOLEY
FAMILY TRUST
85 DOVER RD
MILLIS, MA 02054

Abutters:

Parcel Number: 0026-0008-0000
CAMA Number: 0026-0008-0000
Property Address: 77 DOVER RD

Mailing Address: TAMULEVIZ JOYCE T TAMULEVIZ
JENNIFER, CHRLES, MGT & JOSEPH
77 DOVER RD
MILLIS, MA 02054

Parcel Number: 0053-0018-0000
CAMA Number: 0053-0018-0000
Property Address: 273 ISLAND RD

Mailing Address: KEENE CAROL R
273 ISLAND RD
MILLIS, MA 02054

Parcel Number: 0053-0019-0000
CAMA Number: 0053-0019-0000
Property Address: 275 ISLAND RD

Mailing Address: KESSLER LAWRENCE KESSLER
MARTHA WILHELM
275 ISLAND RD
MILLIS, MA 02054

Parcel Number: 0053-0021-0000
CAMA Number: 0053-0021-0000
Property Address: 92 DOVER RD

Mailing Address: MEGHAN RIE GORE JOHN RYAN GORE
92 DOVER RD
MILLIS, MA 02054

Parcel Number: 0053-0022-0000
CAMA Number: 0053-0022-0000
Property Address: 88 DOVER RD

Mailing Address: GRAEBER SCOTT C GRAEBER LYNNE R
88 DOVER RD
MILLIS, MA 02054

Parcel Number: 0053-0023-0000
CAMA Number: 0053-0023-0000
Property Address: 84 DOVER RD

Mailing Address: MANNING JOHN M
84 DOVER RD
MILLIS, MA 02054

Parcel Number: 0053-0024-0000
CAMA Number: 0053-0024-0000
Property Address: 78 DOVER RD

Mailing Address: MAHER KEITH D & ALLISON M
78 DOVER RD
MILLIS, MA 02054

Parcel Number: 0053-0025-0000
CAMA Number: 0053-0025-0000
Property Address: 76 DOVER RD

Mailing Address: MOSHER CHARLES D MOSHER
MICHELE M
76 DOVER RD
MILLIS, MA 02054

Parcel Number: 0053-0029-0000
CAMA Number: 0053-0029-0000
Property Address: 34 BRIDGE ST

Mailing Address: MCCARTER DOUGLAS H & MARJORIE H
TTEES D & M REAL ESTATE TRUST
34 BRIDGE ST
MILLIS, MA 02054

Parcel Number: 0053-0030-0000
CAMA Number: 0053-0030-0000
Property Address: 40 BRIDGE ST

Mailing Address: WORKS ALAN R WORKS ELIZABETH M
40 BRIDGE ST
MILLIS, MA 02054



www.cai-tech.com

12/28/2023

Data shown on this report is provided for planning and informational purposes only. The municipality and CAI Technologies are not responsible for any use for other purposes or misuse or misrepresentation of this report.

Page 1 of 2



300 foot Abutters List Report

Millis, MA

December 28, 2023

Parcel Number: 0053-0035-0000
CAMA Number: 0053-0035-0000
Property Address: 99 DOVER RD

Mailing Address: RUDOLPH JENNIFER M & PARKHURST
JOSEPH R
99 DOVER RD
MILLIS, MA 02054

Parcel Number: 0053-0036-0000
CAMA Number: 0053-0036-0000
Property Address: 93 DOVER RD

Mailing Address: YUSNA MADELINE
93 DOVER RD
MILLIS, MA 02054

Parcel Number: 0053-0037-0000
CAMA Number: 0053-0037-0000
Property Address: 91 DOVER RD

Mailing Address: STUCCHI GARY R
91 DOVER RD
MILLIS, MA 02054

Parcel Number: 0053-0038-0000
CAMA Number: 0053-0038-0000
Property Address: 87 DOVER RD

Mailing Address: ROSATI PETER & JOSEPHINE & EMILIO
TEES ROSATI FAMILY IRREVOCABLE
TRUST
76 FAIRVIEW ST
HOLLISTON, MA 01746

Parcel Number: 0053-0040-0000
CAMA Number: 0053-0040-0000
Property Address: 83 DOVER RD

Mailing Address: LAGOS JOHN J & LISA M
83 DOVER RD
MILLIS, MA 02054

Parcel Number: 0053-0041-0000
CAMA Number: 0053-0041-0000
Property Address: 79 DOVER RD

Mailing Address: MILLER GILBERT R & SUZANNE R
79 DOVER RD
MILLIS, MA 02054



www.cai-tech.com

12/28/2023

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Page 2 of 2

Abutters List Report - Millis, MA



85 Dover Rd

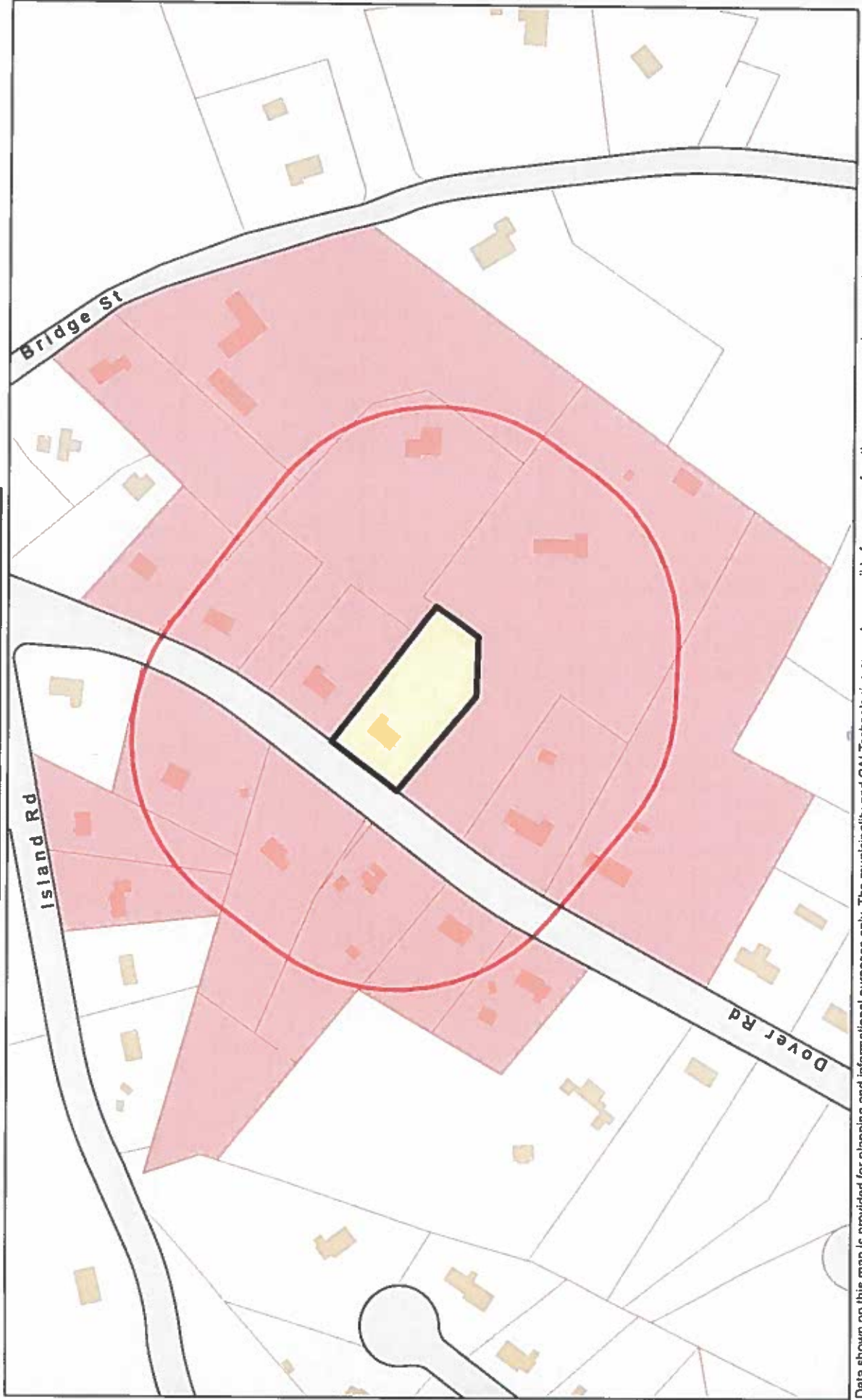
Millis, MA

1 inch = 210 Feet

December 28, 2023



www.cai-tech.com



Data shown on this map is provided for planning and informational purposes only. The municipality and CAI Technologies are not responsible for any use for other purposes or misuse or misrepresentation of this map.

Notification to Abutters

By Hand Delivery, Certified Mail (return receipt requested), or Certificates of Mailing

This is a notification required by law. You are receiving this notification because you have been identified as the owner of land abutting another parcel of land for which certain activities are proposed. Those activities require a permit under the Massachusetts Wetlands Protection Act (M.G.L. c. 131, § 40).

In accordance with the second paragraph of the Massachusetts Wetlands Protection Act, and 310 CMR 10.05(4)(a) of the Wetlands Regulations, you are hereby notified that:

- A. A Notice of Intent was filed with the Millis Conservation Commission on 12/29/23 seeking permission to remove, fill, dredge, or alter an area subject to protection under M.G.L. c. 131 §40. The following is a description of the proposed activity/activities:

Proposed new septic system consisting of a 1,500 gal. tank, 100 gal. pump chamber and a 14' x 36' bed. Crossing a wetland swale between the pump chamber and the S.A.S.

- B. The name of the applicant is: Kevin Foley.
- C. The address of the land where the activity is proposed is: 85 Dover Road Millis, Ma. Map 53 Parcel 39.
- D. Copies of the Notice of Intent may be examined or obtained at the office of the Millis Conservation Commission, located at 900 Main Street Millis, Ma. The regular business hours of the Commission are Mondays 3:30 to 6:30 pm, and the Commission may be reached at 508-376-7045 Ext.126.
- E. Copies of the Notice of Intent may be obtained from the applicant or Colonial Engineering, Inc. representative by calling Paul DeSimone, at 508-533-1644. An administrative fee may be applied for providing copies of the NOI and plans.
- F. Information regarding the date, time, and location of the public hearing regarding the Notice of Intent may be obtained from the Millis Conservation Commission. Notice of the public hearing will be published at least five business days in advance, in the local paper.

Notification provided pursuant to the above requirement does not automatically confer standing to the recipient to request Departmental Action for the underlying matter. See 310 CMR 10.05(7)(a)4.



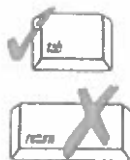
Commonwealth of Massachusetts
City/Town of Millis
**Application for Disposal System
Construction Permit**
Form 1A

Number _____
\$ Repair \$300.00
Fee _____

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:

85 Dover Road

Address or Lot #

Millis

City/Town

Ma.

State

02054

Zip Code

2. Owner Information

Kevin R. Foley

Name

85 Dover Road

Address (if different from above)

Millis

City/Town

Ma.

State

02054

Zip Code

Telephone Number

3. Installer Information

Name

Name of Company

Address

City/Town

State

Zip Code

Telephone Number

4. Designer Information

Paul Saulnier

Name

11 Awl Street

Address

Medway

City/Town

Colonial Engineereing Inc.

Name of Company

Ma.

State

02053

Zip Code

508-533-1644

Telephone Number



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

Number _____

\$ Repair \$300.00
Fee

A. Facility Information (continued)

5. Type of Building:

☒ Dwelling

☐ Garbage Grinder (check if present)

Other: Type of Building

Residential

Number of Persons Served

☐ Showers

Number of showers

☐ Cafeteria

☐ Other fixtures

Specify other fixtures:

6. Design Flow:

330

Gallons per Day

Calculated Daily Flow:

330

Gallons

7. Plan:

12/27/23

Date of Original

1

Number of Sheets

Revision Date

Propose Sewage Disposal System

Title of Plan

8. Description of Soil:

See soil logs

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

Proposed 1,500 gal. tank, 1000 gal. pump chamber, d-box and s.a.s.

10. Date last inspected:

Date



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

Number

\$ Repair \$300.00
Fee

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

December 28, 2023
Date

Application Approved By:

Millis B. O. H.

Name

Date

Application **Disapproved** for the following reasons:



Commonwealth of Massachusetts

City/Town of Millis

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

Form 9A is to be submitted to the Local Board of Health for the upgrade of a failed or nonconforming septic system with a design flow of less than 10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

System upgrades that cannot be performed in accordance with 310 CMR 15.404 and 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410 through 15.415.

NOTE: Local upgrade approval shall not be granted for an upgrade proposal that includes the addition of a new design flow to a cesspool or privy, or the addition of a new design flow above the existing approved capacity of an on-site system constructed in accordance with either the 1978 Code or 310 CMR 15.000.

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.



1. Facility Name and Address:

Kevin R Foley

Name

85 Dover Road

Street Address

Millis

City/Town

Ma.

State

02054

Zip Code

2. Owner Name and Address (if different from above):

Name

Street Address

City/Town

State

Zip Code

Telephone Number

3. Type of Facility (check all that apply):

☒ Residential

☐ Institutional

☐ Commercial

☐ School

4. Describe Facility:

Single Family dwelling with proposed new system.

5. Type of Existing System:

☐ Privy

☐ Cesspool(s)

☒ Conventional

☐ Other (describe below):

6. Type of soil absorption system (trenches, chambers, leach field, pits, etc):

Bed



Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

A. Facility Information (continued)

7. Design Flow per 310 CMR 15.203:

Design flow of existing system:	330
	gpd
Design flow of proposed upgraded system	330
	gpd
Design flow of facility:	330
	gpd

B. Proposed Upgrade of System

1. Proposed upgrade is (check one):

☒ Voluntary ☐ Required by order, letter, etc. (attach copy)

☐ Required following inspection pursuant to 310 CMR 15.301:

date of inspection _____

2. Describe the proposed upgrade to the system:

New 1,500 gal tank, 1000 gal. pump chamber, d-box and 14' x 36' bed.

3. Local Upgrade Approval is requested for (check all that apply):

☐ Reduction in setback(s) – describe reductions:

☐ Reduction in SAS area of up to 25%:

SAS size, sq. ft. _____

% reduction _____

☒ Reduction in separation between the SAS and high groundwater:

Separation reduction

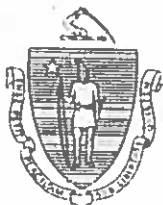
0.98'
ft.

Percolation rate

8 M.P.I.
min./inch

Depth to groundwater

3.02'
ft.



Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

B. Proposed Upgrade of System (continued)

☐ Relocation of water supply well (explain):

☐ Reduction of 12-inch separation between inlet and outlet tees and high groundwater

☐ Use of only one deep hole in proposed disposal area

☒ Use of a sieve analysis as a substitute for a perc test

☐ Other requirements of 310 CMR 15.000 that cannot be met – describe and specify sections of the Code:

If the proposed upgrade involves a reduction in the required separation between the bottom of the soil absorption system and the high groundwater elevation, an Approved Soil Evaluator must determine the high groundwater elevation pursuant to 310 CMR 15.405(1)(h)(1). ***The soil evaluator must be a member or agent of the local approving authority.***

High groundwater evaluation determined by:

John McVeigh R.S.

Evaluator's Name (type or print)

Signature

11/ 29/ 2023

Date of evaluation

C. Explanation

Explain why full compliance, as defined in 310 CMR 15.404(1), is not feasible. (Each section must be completed)

1. An upgraded system in full compliance with 310 CMR 15.000 is not feasible:

Additional fill would have more impact to the 25' buffer zone or need a retaining wall.

2. An alternative system approved pursuant to 310 CMR 15.283 to 15.288 is not feasible:

An alternative system would not be cost effective.



Commonwealth of Massachusetts

City/Town of Millis

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

C. Explanation (continued)

3. A shared system is not feasible:

N/A

4. Connection to a public sewer is not feasible:

N/A

5. The Application for Local Upgrade Approval must be accompanied by all of the following (check the appropriate boxes):

☒ Application for Disposal System Construction Permit

☒ Complete plans and specifications

☒ Site evaluation forms

☐ A list of abutters affected by reduced setbacks to private water supply wells or property lines. Provide proof that affected abutters have been notified pursuant to 310 CMR 15.405(2).

☐ Other (List):

D. Certification

"I, the facility owner, certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there may be significant consequences for submitting false information, including, but not limited to, penalties or fine and/or imprisonment for deliberate violations."


Facility Owner's Signature

Kevin R. Foley

Print Name

Paul DeSimone

Name of Preparer

11 Awl Street

Preparer's address

02053

State/ZIP Code

12/28/2023

Date

12/28/2023

Date

Medway

City/Town

508-533-1644

Telephone



Commonwealth of Massachusetts
City/Town of Millis

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

A. Facility Information

KEVIN FOLEY
Owner Name
85 DOVER ROAD
Street Address
MILLS
City
MA
State
Map/Lot #
02054
Zip Code

B. Site Information

1. (Check one) ☐ New Construction ☐ Upgrade ☒ Repair

2. Soil Survey Available? ☒ Yes ☐ No If yes:

Scarboro & Birdsall

Poorly Drained
Soil Limitations

SCS Maps 10
Source Soil Map Unit

Sandy glaciofluvial deposits
Soil Parent material
3. Surficial Geological Report Available? ☐ Yes ☒ No

Toe of slope
Landform

If yes:

Year Published/Source

Map Unit

Description of Geologic Map Unit

4. Flood Rate Insurance Map Within a regulatory floodway? ☐ Yes ☒ No

5. Within a velocity zone? ☐ Yes ☒ No

6. Within a Mapped Wetland Area? ☐ Yes ☒ No If yes, MassGIS Wetland Data Layer

7. Current Water Resource Conditions (USGS) Range: ☐ Above Normal ☒ Normal ☐ Below Normal

Month/Day/ Year

8. Other references reviewed:



Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

C. On-Site Review (minimum of two holes required at every proposed primary and reserve disposal area)

Deep Observation Hole Number: 1

11/29/23
Date

Clear

Acknowledgments

1. Land Use
Residential lot
(e.g., woodland, agricultural field, vacant lot, etc.)

lawn / field
Vegetation

Weather
none
Surface Stone

Surface Stones (e.g., cobbles, stones, boulders, etc.)

Longitude:
0-3

Slope (%)

Description of Location:

2. Soil Parent Material: sandy glaciofluvial deposits

toe of slope

Landform

3. Distances from:	Open Water Body	<u>n/a</u> feet

Drainage Way _____ feet

Position on Landscape (SU, SH, BS, FS, TS)

Wetlands 150+/- feet

4. Unsuitable Materials Present: ☐ Yes ☒ No

50 feet
If Yes:

☐ Fill Material

A feet

Other _____ feet

5. Groundwater Observed: ☒ Yes ☐ No

If yes: 60 Depth Weeping from Pit

Depth Standing Water in Hole

Soil Log

[illegible]

Additional Notes:

soils are saturated unable to perk send sample to lab



Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

C. On-Site Review (minimum of two holes required at every proposed primary and reserve disposal area)

Deep Observation Hole Number:

Hole #

11/29/23
Date

clear
Weather

Latitude

Longitude:

1. Land Use:

residential house lot

(e.g., woodland, agricultural field, vacant lot, etc.)

Time
Lawn / field
Vegetation

none

Surface Stones (e.g., cobbles, stones, boulders, etc.)

Slope (%)

Description of Location:

2. Soil Parent Material: Sandy glaciofluvial deposits

Toe of slope

Landform

3. Distances from: Open Water Body n/a feet

Drainage Way _____ feet

feet
Wetlands

4. Unsuitable

Materials Present: ☐ Yes ☒ No If Yes:

Drinking Water Well n/a feet

Other _____ feet

5. Groundwater Observed: ☒ Yes ☐ No

If yes: 32 Depth Weeping from Pit

☐ Bedrock
— Depth

Depth Standing Water in Hole

Soil Log

Soil Log											
Depth (In)	Soil Horizon /Layer	Soil Texture (USDA)	Soil Matrix: Color-Moist (Munsell)	Redoximorphic Features			Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
				Depth	Color	Percent	Gravel	Cobbles & Stones			
0-10	A	SL	10yr 3/3							moist	
10-25	B	SL	10yr 5/6							moist	
25-84	C	LS	2.5y 5/4	32	10yr 5/6		2-5		friable	moist	

Additional Notes:



Commonwealth of Massachusetts
City/Town of Millis

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

D. Determination of High Groundwater Elevation

1. Method Used:

- ☐ Depth observed standing water in observation hole
Obs. Hole # 1 _____ inches
Obs. Hole # 2 _____ inches
- ☒ Depth weeping from side of observation hole
60 inches
32 inches
- ☒ Depth to soil redoximorphic features (mottles)
45 inches
32 inches
- ☐ Depth to adjusted seasonal high groundwater (S_h) (USGS methodology)
_____ inches
_____ inches

Index Well Number _____

Reading Date _____

$$S_h = S_c - [S_r \times (OW_c - OW_{max}) / OW_c]$$

Obs. Hole/Well# _____ S_c _____ S_r _____ OW_c _____ OW_{max} _____ OW_c _____ S_h _____

2. Estimated Depth to High Groundwater: 32-45 inches

E. Depth of Pervious Material

1. Depth of Naturally Occurring Pervious Material

a. Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil system? absorption

☒ Yes ☐ No

b. If yes, at what depth was it observed (exclude A and O Horizons)?

Upper boundary: 25 inches Lower boundary: 120 inches

c. If no, at what depth was impervious material observed?

Upper boundary: _____ inches Lower boundary: _____ inches



Commonwealth of Massachusetts
City/Town of Millis

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

F. Certification

I certify that I am currently approved by the Department of Environmental Protection pursuant to 310 CMR 15.017 to conduct soil evaluations and that the above analysis has been performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017. I further certify that the results of my soil evaluation, as indicated in the attached Soil Evaluation Form, are accurate and in accordance with 310 CMR 15.100 through 15.107.

Signature of Soil Evaluator

Bruce Wilson

Typed or Printed Name of Soil Evaluator / License #

John McVeigh Millis BOH Agent

Name of Approving Authority Witness

12/4/23
Date

6/30/25

Expiration Date of License

BOH Agent

Approving Authority

Note: In accordance with 310 CMR 15.018(2) this form must be submitted to the approving authority within 60 days of the date of field testing, and to the designer and the property owner with Percolation Test Form 12.

Field Diagrams: Use this area for field diagrams.



December 8, 2023

Mr. Paul Desimone
Colonial Engineering, Inc.
PO Box 95
Medway, MA 02503

**RE: 310 CMR (Title 5 Alternative) Soil Gradation Analyses
85 Dover Rd – Existing Title V Septic Soil
Millis, Massachusetts**

Project # 16077

Dear Mr. Desimone:

Presented herein are the results of one (1) soil gradation analysis (including hydrometer), performed on a sample of existing soil proposed for residential septic repair. The sample submitted on December 4, 2023 was stated to have originated from the above property. The sample, weighing about 20 lbs., was tested in accordance with ASTM D-422 washed sieve methods and yielded the following summarized results:

**L-33831 at 85 Dover Rd Millis MA – Existing Title V Septic Soil
USCS Soil Classification = SM: brown silty sand some gravel**

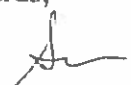
	Gravel (>#10)	Sand (#10 to .05 mm)	Silt (.05 mm to .002)	Clay (<.002 mm)
Total Sample	37	47	14	2
Sand Fraction	0	75	22	3

**USDA “Textural” (based on 100% < #10 sieve) Classification = “Loamy Sand”
MA. Title 5 (Section 15.243) Septic Soil Repair Classification = Class I**

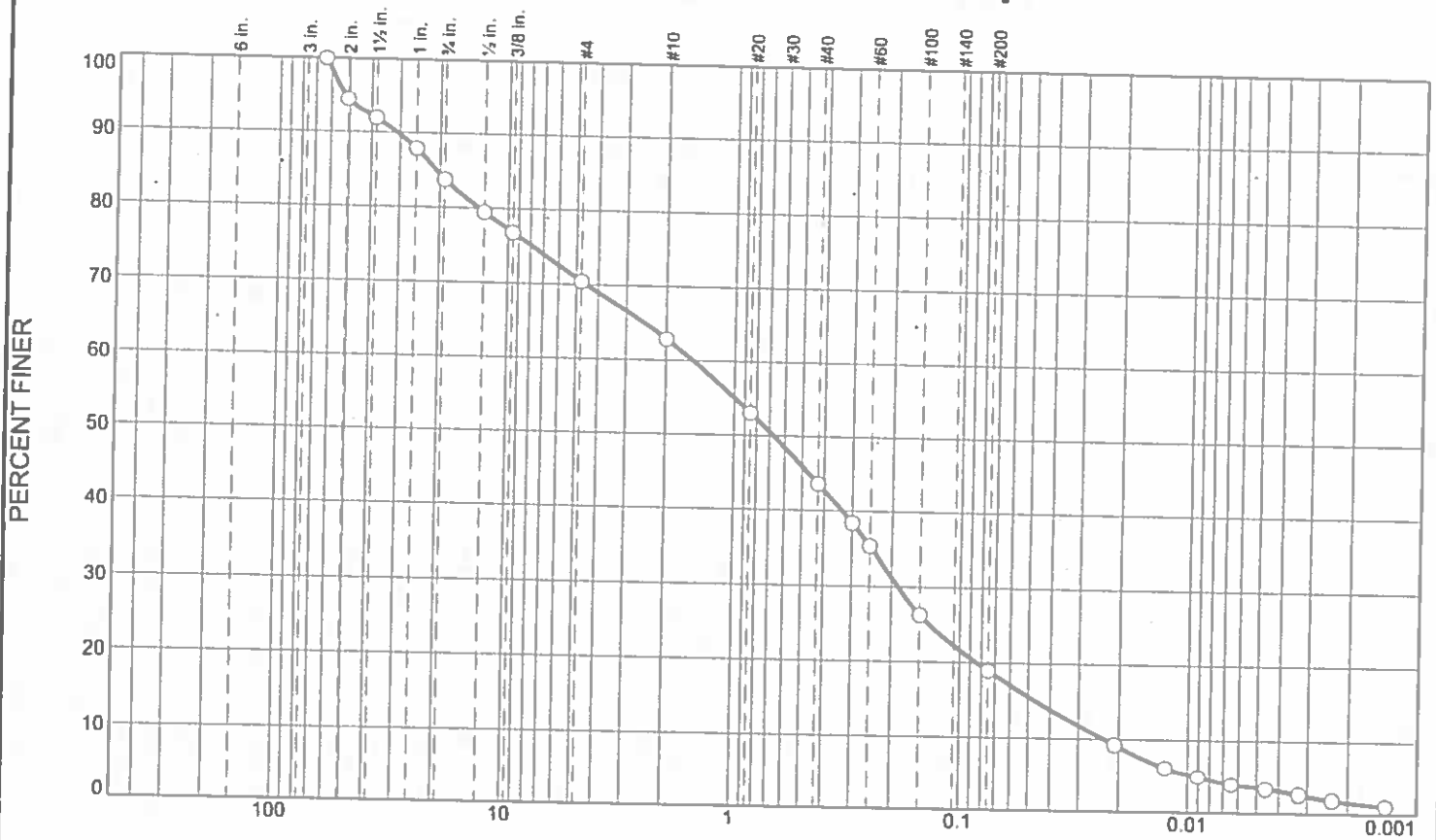
As can be seen above and on the attached aggregate gradation curve, the submitted sample should be classified as Class I: “loamy sand”, according to the State guidelines and the *sand fraction* (100% < #10 sieve) gradation results.

We believe that you will find this information helpful in your evaluation. However, should you need additional information, or require further testing services, please do not hesitate to contact me at our Worcester office.

Regards,


Scott M. Mensen, P.E., P.G.
Director of Testing Services
enc.

Particle Size Distribution Report



GRAIN SIZE - mm.

% +3"	% Gravel		% Sand			% Fines	
	Coarse	Fine	Coarse	Medium	Fine	Silt	Clay
0.0	16.3	13.3	7.5	19.3	24.6	15.6	3.4

SIEVE SIZE	PERCENT FINER	SPEC.* PERCENT	PASS? (X=NO)
2.5	100.0		
2	94.5		
1.5	92.0		
1	87.9		
.75	83.7		
.5	79.4		
3/8	76.8		
#4	70.4		
#10	62.9		
#20	53.1		
#40	43.6		
#50	38.4		
#60	35.4		
#100	26.3		
#200	19.0		

(no specification provided)

Material Description

Brown 2.5" max silty sand some gravel
USDA Textural Classification = Loamy Sand

Atterberg Limits

PL= NP LL= NP PI= NP

Coefficients

D₈₅= 20.8418 D₆₀= 1.5223 D₅₀= 0.6726
D₃₀= 0.1868 D₁₅= 0.0466 D₁₀= 0.0233
C_u= 65.34 C_c= 0.98

Classification

USCS= SM AASHTO= A-1-b

Remarks

Sample submitted by client on 12/04/23
MA Title V Septic System type: Class I "loamy sand"
See letter dated 12/08/23 for additional information

Sample No.: L-33831

Source of Sample: 85 Dover Rd - Millis MA

Location: Existing Septic Discharge Area

Date: 12/8/23

Elev./Depth: submitted

**YANKEE ENGINEERING
& TESTING, INC.**

Client: Colonial Engineering, Inc.
Project: Colonial Engineering, Inc.
Various Sites/Projects
Project No: 16077

Tested By: AK / AH

Checked By: SMM

MYERS® SRM4 SERIES

The Myers® SRM4 series residential sewage pumps are considered by industry pros to be extremely reliable. The specially designed recessed impeller allows 2" solids to easily pass through without jamming. The cast iron housing and volute case handle the harshest conditions and will provide years of service. Automatic and manual operation models available.

APPLICATIONS

Sewage, high-capacity sump, effluent

SPECIFICATIONS

Capacities – 95 GPM (360 LPM)
Shut-off Head – 19' (5.8 m)
Solids Handling – 2" (50.8 mm)
Liquids Handling – Septic effluent and sewage
Intermittent Liquid Temperature – Up to 140°F (60°C)
Motor/Electrical Data – 4/10 HP, permanent split capacitor type, 115V, 12A, 1Ø, 60Hz; 230V, 6A, 1Ø, 60Hz
Acceptable pH Range – 5-9
Discharge, NPT – 2" (50.8 mm)
Housing – Heavy cast iron
Power Cord – 10' (20' optional)
Impeller – Recessed, thermoplastic
Volute Case – Cast iron
Shaft Seal – Type 11A, carbon and ceramic



FEATURES

Versatile Applications

Effective and efficient performance in septic tank sewage, effluent and high-capacity sump applications

Handles the Heat

High-endurance, oil-cooled motor for continuous bearing lubrication and critical heat dissipation

Powerful Torque

High-torque, permanent split capacitor (PSC) motor; no starting switches or relays to wear out

Motor Protection

Long-life carbon/ceramic seal provides extra protection against water leaks

Excess Heat Detection

Internal heat sensor provides overload protection; automatically resets when motor cools to a safe operating temperature

Free-flow Design

Recessed impeller design also improves the free flow of solids up to 2"

Longer Bearing Life

Recessed impeller reduces radial bearing loads, increasing bearing life

Automatic and Manual

Automatic tethered or vertical switch models (with piggyback plug), or manual operation models

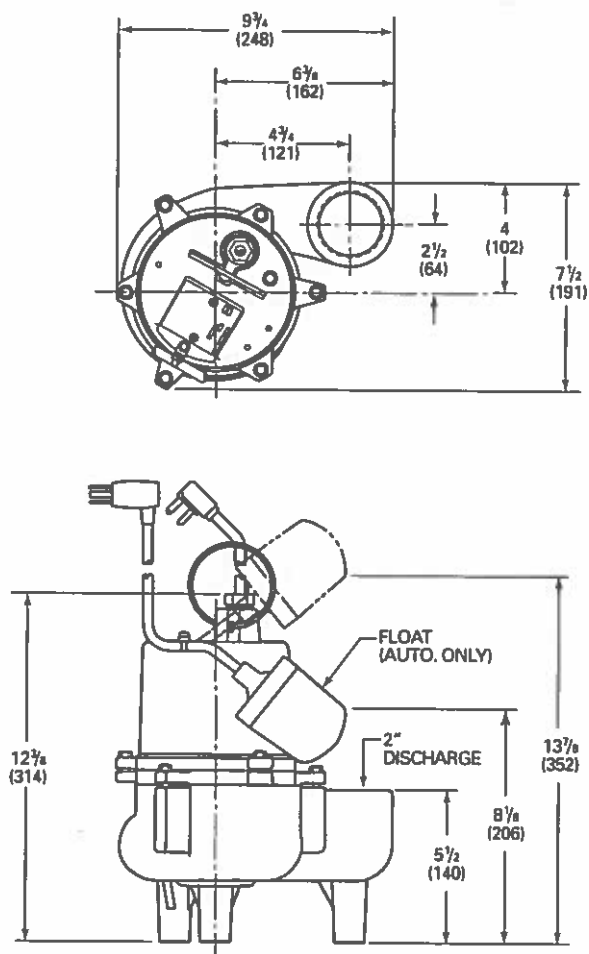
MYERS® SRM4 SERIES

ORDERING INFORMATION

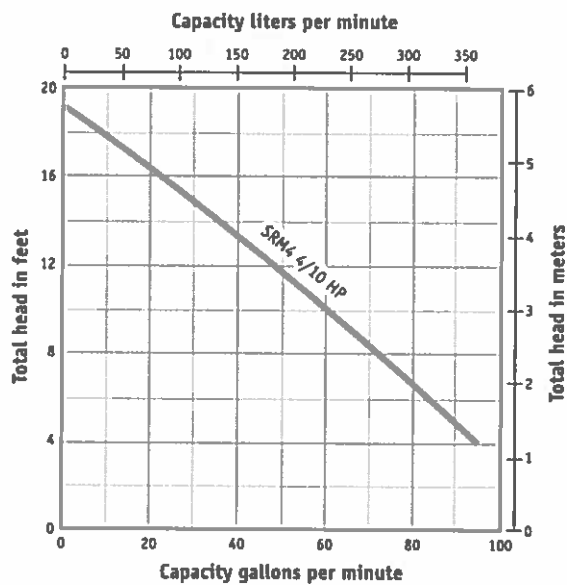
Catalog Number	HP	Volts	Phase/ Cycles	Amps	Discharge Size	Switch Type	Cord Length	Approx. Wt. Lbs.
SRM4P-1	4/10	115	1/60	12	2"	Tethered Automatic*	10'	40
SRM4PC-1	4/10	115	1/60	12	2"	Tethered Automatic*	20'	40
SRM4M1C	4/10	115	1/60	12	2"	Manual	20'	39
SRM4PC-2	4/10	230	1/60	6	2"	Tethered Automatic*	20'	40
SRM4M2C	4/10	230	1/60	6	2"	Manual	20'	39
SRM4V-1	4/10	115	1/60	12	2"	Vertical Automatic*	20'	40
SRM4V-2	4/10	230	1/60	6	2"	Vertical Automatic*	20'	40

*Piggyback

DIMENSIONS



PUMP PERFORMANCE



MYERS® SRM4 SERIES

SPECIFICATIONS

Sewage Pumps – Pump(s) shall be Myers SRM4 series sewage pumps selected in accordance with the following design criteria:

Number of Pumps:	_____
Primary Design Flow:	_____
Primary Design Head:	_____
Minimum Shut-off Head:	19
Motor Horsepower:	4/10
Motor Speed:	1650 RPM
Electrical:	115 Volts, 1Ø, 60 Hz or 230 Volts, 1Ø, 60 Hz

Pump – The pump shall be designed to handle raw sewage and be capable of passing 2 inch spherical solids. The pump shall be capable of handling liquids with temperatures to 140°F intermittent.

Motor – The pump motor shall be of the submersible type rated 4/10 hp at 1650 RPM and shall be for _____ 115 volts or _____ 230 volts single phase, 60 cycles. Stator winding shall be of the open type with Class A insulation rated for 105°C maximum operating temperature. The winding housing shall be filled with clean dielectric oil to lubricate bearings and seals, and transfer heat from the windings to the outer shell. The motor winding assembly shall be pressed into the stator housing for best alignment and heat transfer.

The motor shall be capable of operating over the full range of the performance curve without overloading the motor and causing any objectionable noise or vibration. The motor shall have two bearings to support the rotor; an upper sleeve bearing to accommodate radial loads and a lower sleeve bearing with thrust pad to take thrust and radial loads.

A heat sensor thermostat and overload shall be attached to the top end of the motor windings and shall be wired in series with the windings to stop the motor if the motor winding temperature reaches 221°F. The overload thermostat shall reset automatically when the motor cools to a safe operating temperature.

Power Cord – The motor power cord shall be _____ 10 or _____ 20 feet SJTW/SJTW-A type. The cord shall have a molded compression grommet to insulate electrical connections. The grommet shall thread into the motor housing to provide a positive seal and to prevent leaking of liquid into the motor housing. The sealing grommet shall provide strain relief for the power cord assembly.

Optional Control Switch – The sewage pump shall be controlled by an optional piggyback float switch. The float switch shall be of a non-mercury type and be capable of directly controlling the pump motor without the need for an external control panel.

Shaft Seal – The motor shall be protected by a rotating mechanical shaft seal. The seals shall have carbon and ceramic seal faces lapped to a tolerance of one light band. Metal parts and springs for seals shall be stainless steel.

Pump Impeller – The pump impeller shall be of the non-clog type. The impeller shall be constructed of engineered thermoplastic.

Motor Castings – The motor housing castings shall be of high tensile strength Class 30 gray cast iron. Castings shall be treated with phosphate and chromate rinse and painted with a high quality air dry alkyd enamel for corrosion protection.

Pump Case – The pump case shall be a high efficiency volute design capable of passing 2 inch spherical solids. The pump volute shall be constructed of Class 30 gray cast iron.

Fasteners – All exposed fasteners shall be of stainless steel.

MYERS® SRM4 SERIES



USA
293 WRIGHT STREET, DELAVAN, WI 53115 WWW.FEMEYERS.COM
PH: 888-987-8677 ORDERS FAX: 800-426-9446

CANADA
269 TRILLIUM DRIVE, KITCHENER, ONTARIO, CANADA N2G 4W5
PH: 519-606-5484 ORDERS FAX: 800-426-9446

Because we are continuously improving our products and services, Pentair reserves the right to change specifications without prior notice.

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A N
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C O P Y

N O T
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O F F I C I A L
C O P Y

3 Pages

Return to: Koutsis-Mouchlian Law, P.C.
1327 Main Street, Ste. B
Walpole, MA 02081

MASSACHUSETTS QUITCLAIM DEED

I, **KEVIN R. FOLEY**, individually of 85 Dover Road, Millis, Norfolk County, Massachusetts, for the consideration of One Dollar (\$1.00) grant to **KEVIN R FOLEY**, Trustee or his successor in Trust, under the **KDR FOLEY FAMILY TRUST** u/a dated JAN 05 2023, and any amendments thereto, an unrecorded Trust, for which a Certificate of Trust is recorded herewith and said Trustee for notice purposes being of 85 Dover Road, Millis, Norfolk County, Massachusetts

with *quitclaim* covenants

That certain parcel of land in Millis, Norfolk County, Massachusetts, with the buildings thereon, bounded and described as follows:

NORTHWESTERLY by the Southeasterly line of Dover Road, as shown on plan hereinafter referred to, One hundred twenty-five (125) feet;

NORTHEASTERLY by Lots numbered 36 and 38, as shown on said plan, Two hundred fifty-seven and 54/100 (257.54) feet;

SOUTHEASTERLY Seventy-four and 95/100 (74.95) feet; and

SOUTHERLY and Two hundred seventy-five and 15/100 (275.15) feet; by Lot SOUTHWESTERLY numbered 24, as indicated on said plan.

Said parcel is shown as Lot numbered 39 on a plan drawn by Guerriere & Halnon, Inc., Surveyors, dated September 18, 1972, as approved by the Land Court, filed in the Land Registration Office as Plan No. 14838Q, a copy of a portion of which is filed in the Norfolk County Registry District with Certificate of Title No. 94642, in Registration Book 474, Page 43.

The above described land is conveyed subject to the restrictions as set forth in Document No. 235693, expiring July 5, 1992.

The herein Grantor(s) hereby extinguish(es) and release(s) all rights of Homestead pursuant to M.G.L. Ch. 188 and state(s), under the pains and penalties of perjury, that there is no spouse, former spouse, partner in a civil union, or former partner in a civil

Property Located at 85 Dover Road, Millis Massachusetts 02054

Property Card: 85 DOVER RD

Town of Millis, MA



Parcel Information

Parcel ID: M_213613_881105 Vision ID: 3316 Owner: KEVIN R FOLEY, TRUSTEE Co-Owner: KDR FOLEY FAMILY TRUST Mailing Address: 85 DOVER RD MILLIS, MA 02054	Map: 53 Lot: 039 Use Description: Single Family Zone: R-S Land Area in Acres: 0.7
Sale History	Assessed Value
Book: 0 Page: 0 Sale Date: 1/5/2023 Sale Price: \$1	Land: \$164,800 Buildings: \$239,600 Extra Bldg Features: \$7,400 Outbuildings: \$0 Total: \$411,800

Building Details: Building # 1



Model: Residential Living Area: 1056 Appr. Year Built: Style: Raised Ranch Stories: 1 Occupancy: 1 No. Total Rooms: 6 No. Bedrooms: 3 No. Baths: 2 No. Half Baths: 0	Int Wall Desc 1: Drywall/Sheet Int Wall Desc 2: Ext Wall Desc 1: Clapboard Ext Wall Desc 2: Roof Cover: Asph/F Gls/Cmp Roof Structure: Gable/Hip Heat Type: Forced Air-Duc Heat Fuel: Gas A/C Type: None
---	---

Outbuildings & Extra Features

Code:	Description:	Units:
SHDO	SHED NOVAL	100 S.F.
SFB	SEMI FIN BSMT	200 S.F.
FPL	FIREPLACE	1 UNITS
BGR	BAS GARAGE	1 UNITS

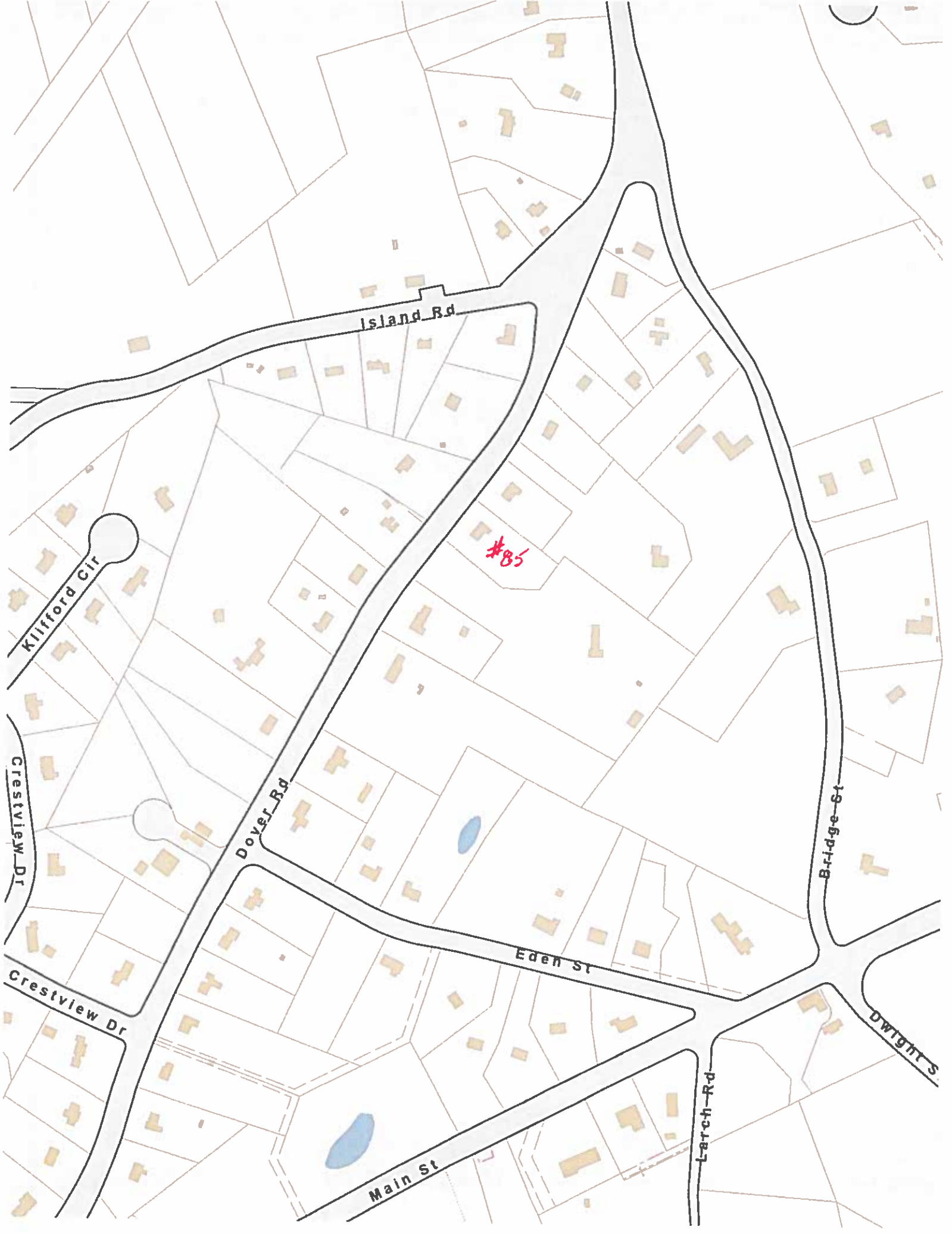
Sketch Areas

Sub Area:	Effective Area:	Gross Area:	Living Area:
WDK: Deck, Wood	4	40	0
BAS: First Floor	1056	1056	1056
FEP: Porch, Enclosed, Finished	126	180	0
URB: Basement, Unfinished, Rai	290	968	0



www.cai-tech.com

Data shown on this report is provided for planning and informational purposes only. The municipality and CAI Technologies are not responsible for any use for other purposes or misuse or misrepresentation of this report.



Island Rd

#85

Dover Rd

Eden St

Main St

Larch Rd

Bridge St

DWIGHT ST

Crestview Dr

Crestview Dr

Klifford Cir

National Flood Hazard Layer FIRMette

71°20'26"W 42°11'3"N



Legend

SEE THIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS

- Without Base Flood Elevation (BFE)
Zone A, V, AE9
With BFE or Depth Zone AE, AO, AH, VE, AR
Regulatory Floodway

OTHER AREAS OF FLOOD HAZARD

- 0.2% Annual Chance Flood Hazard, Area of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone J
- Future Conditions 1% Annual Chance Flood Hazard Zone X
- Area with Reduced Flood Risk due to Levee, See Notes, Zone X
- Area with Flood Risk due to Levee Zone D

OTHER AREAS

- NO SCREEN
Area of Minimal Flood Hazard Zone X
- Effective LOMRs
Area of Undetermined Flood Hazard Zone

GENERAL STRUCTURES

- Channel, Culvert, or Storm Sewer
- Levee, Dike, or Floodwall

OTHER FEATURES

- 20.2 Cross Sections with 1% Annual Chance Water Surface Elevation 17.5
- Coastal Transect
- Base Flood Elevation Line (BFE)
- Limit of Study
- Jurisdiction Boundary
- Coastal Transect Baseline
- Profile Baseline
- Hydrographic Feature

MAP PANELS

- Digital Data Available
- No Digital Data Available
- Unmapped

The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards.

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **12/28/2023 at 1:18 PM** and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.



71°19'49"W 42°10'36"N



KDR FOLEY FAMILY TRUST
KEVIN R FOLEY TRUSTEE
85 DOVER ROAD
MILLIS, MA 02054-1338

6070

53-13/110 MA
26552

12.28.23

Date

Pay To The
Order Of

COMMONWEALTH OF MASSACHUSETTS \$ 280.⁰⁰

Two Hundred Eighty & ⁰⁰/₁₀₀ Dollars



Photo
Safe
Deposit
Details on back

BANK OF AMERICA

ACH R/T 011000138

For

CONSERVATION

K R Foley

MP

⑆0⑆1⑆000⑆138⑆ 466017237882⑈6070

Harland Clarke

KDR FOLEY FAMILY TRUST
KEVIN R FOLEY TRUSTEE
85 DOVER ROAD
MILLIS, MA 02054-1338

6069

53-13/110 MA
26552

12.28.23

Date

Pay To The
Order Of

TOWN OF MILLIS \$ 330.⁰⁰

Three Hundred Thirty & ⁰⁰/₁₀₀ Dollars



Photo
Safe
Deposit
Details on back

BANK OF AMERICA

ACH R/T 011000138

For

CONSERVATION

K R Foley

MP

⑆0⑆1⑆000⑆138⑆ 466017237882⑈6069

Harland Clarke