



**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection - Wetlands  
 WPA Form 4A – Abbreviated Notice of Resource Area Delineation  
 Massachusetts Wetlands Protection Act M.G.L. c. 131, §40  
 Wellesley's Wetlands Protection Bylaw, Article 44

Provided by DEP:

**324-**

**DEP File Number**

Wellesley

City/Town

**A. General Information**

**Important:**

This form is for use in the Town of Wellesley, only.

1. Project Location

\_\_\_\_\_ Wellesley \_\_\_\_\_  
 a. Street Address b. City/Town c. Zip Code

Latitude and Longitude, if Known: \_\_\_\_\_  
 d. Latitude e. Longitude

\_\_\_\_\_ \_\_\_\_\_  
 f. Assessors Map/Plat Number g. Parcel /Lot Number

2. Applicant:

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 a. First Name b. Last Name c. Company

\_\_\_\_\_ \_\_\_\_\_  
 d. Mailing Address

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 e. City/Town f. State g. Zip Code

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 h. Phone Number i. Fax Number j. Email address

3. Property owner (if different from applicant):

Check if more than one owner

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 a. First Name b. Last Name c. Company

\_\_\_\_\_ \_\_\_\_\_  
 d. Mailing Address

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 e. City/Town f. State g. Zip Code

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 h. Phone Number i. Fax Number j. Email address

3a. Mail *Original* Order of Conditions to:  Applicant or  Applicant's Representative

4. Representative (if any):

\_\_\_\_\_ \_\_\_\_\_  
 a. Firm

\_\_\_\_\_ \_\_\_\_\_  
 b. Contact Person First Name c. Contact Person Last Name

\_\_\_\_\_ \_\_\_\_\_  
 d. Mailing Address

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 e. City/Town f. State g. Zip Code

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 h. Phone Number i. Fax Number j. Email address

5. Total WPA and Bylaw Fees Paid (from ANRAD Wetland Fee Transmittal & Bylaw Fee Forms):

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 a. Total State Fee Paid b. Wellesley's portion of State Fee Paid c. Wellesley Bylaw Fee Paid



**B. Area(s) Delineated**

State Resource Areas:

1. Bordering Vegetated Wetland (BVW) \_\_\_\_\_  
 Linear Feet of Boundary Delineated
2. Check all methods used to delineate the Bordering Vegetated Wetland (BVW) boundary:
  - a.  DEP BVW Field Data Form (attached)
  - b.  Other Methods for Determining the BVW boundary (attach documentation):
    1.  50% or more wetland indicator plants
    2.  Saturated/inundated conditions exist
    3.  Groundwater indicators
    4.  Direct observation
    5.  Hydric soil indicators
    6.  Credible evidence of conditions prior to disturbance
3. Indicate if any other resource area(s) are delineated:
 

a. _____		b. _____	
Resource Area		Resource Area	Linear Feet
Linear Feet			Linear Feet

3A. Additional Resource Areas, Wellesley Wetland Protection Bylaw

<u>Bylaw Resource Area</u>	<u>Resource Area Size</u>
a. <input type="checkbox"/> Intermittent Stream without Vegetated Wetland	_____ Linear feet
b. <input type="checkbox"/> Isolated Wetland (2,500+ sq ft)	_____ Square feet
c. <input type="checkbox"/> Vernal Pool Habitat (vernal pool + 100 ft. upland area)	_____ Square feet
d. <input type="checkbox"/> 100-foot Buffer Zone (Bylaw Resource Area):	_____ Square feet
<input type="checkbox"/> (a) land area within 25-ft. No-Disturbance Zone	_____ Square feet
<input type="checkbox"/> (b) land area within 75-ft. Limited-Disturbance Zone (i.e. between 25 ft. and 100 ft. from wetland)	_____ Square feet

**C. Additional Information**

- Applicants must include the following plans with this Abbreviated Notice of Resource Area Delineation. See instructions for details.
- ANRAD (Delineation Plans only)
  - Simplified Review ANRAD with Stormwater (Delineation Plans and Project Plans)



**C. Additional Information** (continued)

- Simplified Review ANRAD without Stormwater (Delineation Plans only)
- 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.
- 2.  Plans identifying the boundaries of the Bordering Vegetated Wetlands (BVW) (and other resource areas, if applicable).
- 3.  List the titles and final revision dates for all plans and other materials submitted with this Abbreviated Notice of Resource Area Delineation.

**D. Simplified Review for Buffer Zone Projects**

Simplified Review cannot be applied to work proposed within riverfront areas or bordering land subject to flooding.

I certify that the project design and construction, in order to be eligible for Buffer Zone Simplified Review, complies with the following requirements.

**Each box below must be checked in order for the application to be eligible.**

- No work of any kind will occur within any wetland resource areas including Riverfront Area and Bordering Land Subject to Flooding.
- The inner 0-to-50-foot wide area from the delineated wetland boundary will not be disturbed by any work associated with this project, including placement of any stormwater management components.
- The buffer zone where the work is proposed does not border an Outstanding Resource Water (e.g., certified vernal pool, public water supply reservoir or tributary), as defined in 314 CMR 4.00.
- The buffer zone is not adjacent to wetland resources with estimated wildlife habitat (which is identified on the most recent Estimated Habitat Map of State-listed Rare Wetlands Wildlife).
- If the project is subject to the Massachusetts Stormwater Policy, all work will be conducted in conformance with an approved Stormwater Management Plan.
- Erosion and Sedimentation controls will be provided at the 50-foot buffer zone line or limit of work (whichever is a greater distance from the resource area) and be sufficient to protect resource areas during construction.
- The buffer zone does not contain an existing slope greater than an average of 15% at its steepest gradient across the 100-foot width of the buffer zone from the edge of the resource area to the outer edge of the buffer zone.
- Following completion of the project, the amount of new impervious surface, in combination with existing impervious surfaces, will not exceed 40% of the buffer zone between 50 and 100 feet from a delineated boundary.
- If work authorized under Simplified Review is commenced, no work is allowed, and no additional NOI or RDA may be filed, for any work within the 0-to-50-foot buffer zone during the term of an ORAD associated with this application. If work authorized under Simplified Review is **not** commenced, then future NOIs or RDAs may be filed for work within the 0-to-50-foot portion of the buffer zone.

The project  is  is not subject to the **Massachusetts Stormwater Policy**.

If the project is subject to the Stormwater Policy:

- attached is a Stormwater Management Form (and supporting information)
- no work contemplated at this time; a Stormwater Management Form (and supporting information) will be provided to the Conservation Commission for review and concurrence prior to the commencement of any work on the site.



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**D. Simplified Review for Buffer Zone Projects (continued)**

Stormwater Management Form is being submitted for a previously issued Order of Resource Area Delineation (delineation only) dated:

\_\_\_\_\_ Date

\_\_\_\_\_ Title of Stormwater Management Plan

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant or Applicant’s Representative

**E. Fees**

The fees for work proposed under each Abbreviated Notice of Resource Area Delineation must be calculated and submitted to the Conservation Commission and the Department (see Instructions and Wetland Fee Transmittal Form).

No fee shall be assessed for projects of any city, town, county, district, municipal housing authority, Indian tribe housing authority, or the MBTA.

Applicants must submit the following information (in addition to the attached Wetland Fee Transmittal Form) to confirm fee payment:

\_\_\_\_\_ 1. Wellesley’s Check Numbers (Bylaw/State)

\_\_\_\_\_ 2. Check dates

\_\_\_\_\_ 3. State Check Number

\_\_\_\_\_ 4. Check date

\_\_\_\_\_ 5. Payor name on check: First Name

\_\_\_\_\_ 6. Payor name on check: Last Name



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**F. Signatures and Certification Requirements**

I certify under the penalties of perjury that the foregoing Abbreviated Notice of Resource Area Delineation 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 certify that any work associated with the proposed project meets all of the eligibility criteria listed in Section D above.** If the project does not comply with the Section D eligibility requirements, or if I decide to not do the work allowed by the Simplified Review Approval, I will file a Notice of Intent or Request for Determination of Applicability for any proposed future work as required by the Conservation Commission.

I acknowledge that I am responsible for promptly requesting a Certificate of Compliance following completion of any work allowed pursuant to a Simplified Review or no later than three years from the date of the Order of Resource Area Delineation unless the Order is extended on Wetland Form 7, Extension Permit for Order of Conditions.

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 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.

I hereby grant permission, to the Agent or member of the Conservation Commission and the Department of Environmental Protection, to enter and inspect the area subject to this Notice at reasonable hours to evaluate the project subject to this Notice, and to require the submittal of any data deemed necessary by the Conservation Commission or Department for that evaluation.

I acknowledge that failure to comply with these certification requirements is grounds for the Conservation Commission or the Department to take enforcement action.

- |   |         |
|---|---------|
| _____   | _____   |
| 1. Signature of Applicant                     | 2. Date |
| _____   | _____   |
| 3. Signature of Property Owner (if different) | 4. Date |
| _____   | _____   |
| 5. Signature of Representative (if any)       | 6. Date |

**For Wetlands Protection Committee:**

Two copies of the completed Abbreviated Notice of Resource Area Delineation (Form 4A), including supporting plans and documents; two copies of the ANRAD Wetland Fee Transmittal Form; and the filing fee payments must be sent to the Wetlands Protection Committee by certified mail or hand delivery.

**For DEP:**

One copy of the completed Abbreviated Notice of Resource Area Delineation, including supporting plans and documents; one copy of the ANRAD Wetland Fee Transmittal Form; and a copy of the State fee payment must be sent to the DEP Regional Office by certified mail or hand delivery. (See Filing Fee Form Instructions)

**Other:**

If the applicant has checked the “yes” box in any part of Section C, 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 ANRAD.