

# Massachusetts Department of Environmental Protection Bureau of Resource Protection - Wetlands

### WPA Form 3 – Notice of Intent Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Provided by MassDEP:

MassDEP File Number

**Document Transaction Number** Edgartown City/Town



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.

Project Location ( <b>Note:</b> electronic filers will	I click on button to locate pro	ject site):
N/A (Offshore Linear Project)	Edgartown	02539
a. Street Address	b. City/Town	c. Zip Code
	N/A	N/A
Latitude and Longitude:	d. Latitude	e. Longitude
N/A	N/A	
f. Assessors Map/Plat Number	g. Parcel /Lot Number	
Applicant:		
Erin	Harizi	
a. First Name	b. Last Name	
Commonwealth Wind LLC		
c. Organization		
125 High Street, 6th Floor		
d. Street Address		
Boston	MA	02110
e. City/Town	f. State	g. Zip Code
(339) 788-4166	erin.harizi@avangrid.c	com
Property owner (required if different from a	j. Email Address	more than one owner
a. First Name	· _	more than one owner
a. First Name Commonwealth of Massachusetts	applicant): Check if r	more than one owner
a. First Name	applicant): Check if r	more than one owner
a. First Name Commonwealth of Massachusetts	applicant): Check if r	more than one owner
a. First Name Commonwealth of Massachusetts c. Organization	applicant): Check if r	more than one owner
a. First Name <u>Commonwealth of Massachusetts</u> c. Organization d. Street Address	pplicant): Check if r b. Last Name	
a. First Name         Commonwealth of Massachusetts         c. Organization         d. Street Address         e. City/Town         h. Phone Number         i. Fax Number	applicant): Check if r	
a. First Name         Commonwealth of Massachusetts         c. Organization         d. Street Address         e. City/Town         h. Phone Number         i. Fax Number         Representative (if any):	pplicant): Check if r	
a. First Name         Commonwealth of Massachusetts         c. Organization         d. Street Address         e. City/Town         h. Phone Number         i. Fax Number         Representative (if any):         Jack	pplicant): Check if r b. Last Name f. State j. Email address Vaccaro	
a. First Name         Commonwealth of Massachusetts         c. Organization         d. Street Address         e. City/Town         h. Phone Number         i. Fax Number         Representative (if any):         Jack         a. First Name	pplicant): Check if r	
a. First Name         Commonwealth of Massachusetts         c. Organization         d. Street Address         e. City/Town         h. Phone Number         i. Fax Number         Representative (if any):         Jack         a. First Name         Epsilon Associates Inc.	pplicant): Check if r b. Last Name f. State j. Email address Vaccaro	
a. First Name         Commonwealth of Massachusetts         c. Organization         d. Street Address         e. City/Town         h. Phone Number         i. Fax Number         Representative (if any):         Jack         a. First Name         Epsilon Associates Inc.         c. Company	pplicant): Check if r b. Last Name f. State j. Email address Vaccaro	
a. First Name         Commonwealth of Massachusetts         c. Organization         d. Street Address         e. City/Town         h. Phone Number         i. Fax Number         Representative (if any):         Jack         a. First Name         Epsilon Associates Inc.	pplicant): Check if r b. Last Name f. State j. Email address Vaccaro	
a. First Name         Commonwealth of Massachusetts         c. Organization         d. Street Address         e. City/Town         h. Phone Number         i. Fax Number         Representative (if any):         Jack         a. First Name         Epsilon Associates Inc.         c. Company         3 Mill and Main Place, Suite 250         d. Street Address	pplicant): Check if r	g. Zip Code
a. First Name         Commonwealth of Massachusetts         c. Organization         d. Street Address         e. City/Town         h. Phone Number         i. Fax Number         Representative (if any):         Jack         a. First Name         Epsilon Associates Inc.         c. Company         3 Mill and Main Place, Suite 250	pplicant): Check if r b. Last Name f. State j. Email address Vaccaro	

#### i. Fax Number 5. Total WPA Fee Paid (from NOI Wetland Fee Transmittal Form):

\$1,950.00	\$962.50	\$987.50
a. Total Fee Paid	b. State Fee Paid	c. City/Town Fee Paid

j. Email address

h. Phone Number



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#### Massachusetts Department of Environmental Protection

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### WPA Form 3 – Notice of Intent

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6. Coastal engineering Structure

8. Transportation

MassDEP File Number

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Massachusetts V	Vetlands	Protection Act	M.G.L.	c. 131,	§40
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#### A. General Information (continued)

6. General Project Description:

Installation of three 275-kV offshore electric transmission cables within Edgartown offshore waters.

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

1.	Single Family Home	2.	Residential Subdivision
3.	Commercial/Industrial	4.	Dock/Pier

- 5. 🛛 Utilities
- 7. Agriculture (e.g., cranberries, forestry)
- 9. 🗌 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)				
Water-dependent use (310 CMR 1053(3)(I)					
2. Limited Project Type					

If the proposed activity is eligible to be treated as an Ecological Restoration Limited Project (310 CMR10.24(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:

Dukes	N/A
a. County	b. Certificate # (if registered land)
N/A	N/A
c. Book	d. Page Number

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

	<u>Resou</u>	rce Area	Size of Proposed Alteration	Proposed Replacement (if any)
For all projects	a. 🗌	Bank	1. linear feet	2. linear feet
affecting other Resource Areas, please attach a	b. 🔄	Bordering Vegetated Wetland	1. square feet	2. square feet
narrative explaining how the resource	c. 🗌	Land Under Waterbodies and	1. square feet	2. square feet
area was delineated.		Waterways	3. cubic yards dredged	-
	<u>Resou</u>	rce Area	Size of Proposed Alteration	Proposed Replacement (if any)
	d. 🗌	Bordering Land Subject to Flooding	1. square feet	2. square feet
	е. 🗌	Isolated Land	3. cubic feet of flood storage lost	4. cubic feet replaced
	0.	Subject to Flooding	1. square feet	-
			2. cubic feet of flood storage lost	3. cubic feet replaced
	f. 🗌	Riverfront Area	pecify coastal or inland	
	2.	Width of Riverfront Area	a (check one):	
		25 ft Designated	Densely Developed Areas only	
		🔲 100 ft New agricu	ltural projects only	
		200 ft All other pr	ojects	
	3.	Total area of Riverfront A	rea on the site of the proposed proj	ect: square feet
	4.	Proposed alteration of the	e Riverfront Area:	
	a. 1	total square feet	b. square feet within 100 ft.	c. square feet between 100 ft. and 200 ft.
	5.	Has an alternatives analy	sis been done and is it attached to	this NOI? Yes No
	6.	Was the lot where the act	ivity is proposed created prior to A	ugust 1, 1996? 🗌 Yes 🗌 No
3	3. 🛛 Co	astal Resource Areas: (Se	ee 310 CMR 10.25-10.35)	
	Note:	for coastal riverfront area	s, 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	<u>Resou</u>	rce Area	Size of Proposed	d Alteration	Proposed Replacement (if any)
transaction number	а. 🗌	Designated Port Areas	Indicate size und	ler Land Under	the Ocean, below
(provided on your receipt page)	b. 🛛	Land Under the Ocean	Scenario 1 = 99.3	3 ac; Scenario	2 = 112.0 ac; Scenario 3 = 122.8 ac
with all supplementary information you submit to the					io 2 = 99,800 cy; Scenario 3 = 105,400 cy
Department.	c. 🗌	Barrier Beach	Indicate size und	ler Coastal Bea	aches and/or Coastal Dunes below
	d. 🗌	Coastal Beaches	1. square feet		2. cubic yards beach nourishment
	e. 🗌	Coastal Dunes	1. square feet		2. cubic yards dune nourishment
			Size of Proposed	d Alteration	Proposed Replacement (if any)
	f. 🗌	Coastal Banks	1. linear feet		-
	g. 🗌	Rocky Intertidal Shores	1. square feet		-
	h. 🗌	Salt Marshes	1. square feet		2. sq ft restoration, rehab., creation
	i. 🗌	Land Under Salt Ponds	1. square feet		-
	j. 🛛	Land Containing Shellfish		2 ac; Scenario 2	- <u>2 = ~31 ac; Scenario 3 = ~20 ac</u> ased on assumed 3.3-foot wide trench)
	k. 🗌	Fish Runs	Indicate size und	ler Coastal Bar	nks, inland Bank, Land Under the ler Waterbodies and Waterways,
	ı. 🗖	Land Subject to	1. cubic yards dredg	ed	-
4.	If the project is for the purpose of square footage that has been ent	5	•		
		e feet of BVW		b. square feet of	Salt Marsh
5.		oject Involves Stream Cros	ssings	5. Square reer Or	Gai marsh
	a. numb	er of new stream crossings		b. number of rep	lacement 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

 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
2021	1 Rabbit Hill Road
b. Date of map	<ul> <li>Westborough, MA 01581</li> </ul>

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	Na percentage/acreage
(b) outside Resource Area	na 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

<sup>\*</sup> Some projects **not** in Estimated Habitat may be located in Priority Habitat, and require NHESP review (see <a href="http://www.mass.gov/eea/agencies/dfg/dfw/natural-heritage/regulatory-review/">http://www.mass.gov/eea/agencies/dfg/dfw/natural-heritage/regulatory-review/</a>). Priority Habitat includes habitat for state-listed plants and strictly upland species not protected by the Wetlands Protection Act.

<sup>\*\*</sup> 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). 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:

- Vegetation cover type map of site (d)
- (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; the NOI must still be sent to NHESP if the project is within estimated habitat pursuant to 310 CMR 10.37 and 10.59.)

$^{\circ}$	Separate MESA review ongoing.		
2.	Separate MESA review ongoing.	a NHESP Tracking #	b Date submitted to NHESE

- 3. Separate MESA review completed. Include copy of NHESP "no Take" determination or valid Conservation & Management Permit with approved plan.
- For coastal projects only, is any portion of the proposed project located below the mean high water line or in a fish run?

а. 🗌	Not applicable	<ul> <li>project is ii</li> </ul>	n inland resource area only	b. 🛛 Yes	🗌 No
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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:	North Shore - Hull to New Hampshire border:

**Division of Marine Fisheries -**Southeast Marine Fisheries Station Attn: Environmental Reviewer 836 South Rodney French Blvd. New Bedford, MA 02744 Email: DMF.EnvReview-South@state.ma.us 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)
	4.	Is any portion of the proposed project within an Area of Critical Environ	mental Concern (ACEC)?
Online Users: Include your document		a. Yes X No If yes, provide name of ACEC (see instructions Website for ACEC locations). <b>Note:</b> electronic	
transaction		b. ACEC	
number (provided on your receipt page)	5.	Is any portion of the proposed project within an area designated as an (ORW) as designated in the Massachusetts Surface Water Quality Star	
with all supplementary		a. 🗌 Yes 🖾 No	
information you submit to the Department.	6.	Is any portion of the site subject to a Wetlands Restriction Order under Restriction Act (M.G.L. c. 131, § 40A) or the Coastal Wetlands Restriction	
		a. 🗌 Yes 🖾 No	
	7.	Is this project subject to provisions of the MassDEP Stormwater Manag	ement Standards?
		<ul> <li>a. Yes. Attach a copy of the Stormwater Report as required by the Standards per 310 CMR 10.05(6)(k)-(q) and check if:</li> <li>1. Applying for Low Impact Development (LID) site design cree Stormwater Management Handbook Vol. 2, Chapter 3)</li> </ul>	dits (as described in
		2. A portion of the site constitutes redevelopment	
		3. Proprietary BMPs are included in the Stormwater Manager	nent 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 singl or equal to 4 units in multi-family housing project) with no disc	
	D	Additional Information	

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.  $\square$  List the titles and dates for all plans and other materials submitted with this NOI.

	arine Survey Chart (see Attachment C)		
	n Title mpiled by Epsilon Associates		
b. Prepared By		c. Signed and Stamped by	
d. F	inal Revision Date	e. Scale	
f. A	dditional Plan or Document Title	g. Date	
5. 🗌	If there is more than one property owner, p listed on this form.	lease attach a list of these property owners not	
6. 🖂	Attach proof of mailing for Natural Heritage	e 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:

54508	10/31/23
2. Municipal Check Number	3. Check date
54506	10/31/23
4. State Check Number	5. Check date
Epsilon Associates, Inc.	
6. Payor name on check: First Name	7. Payor name on check: Last Name



#### Massachusetts Department of Environmental Protection

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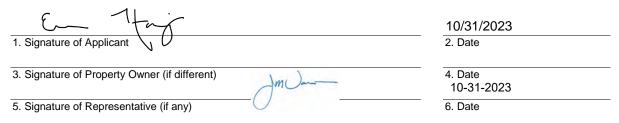
Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

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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.



#### 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.