



LEGAL NOTICE
HAMILTON CONSERVATION COMMISSION

The Hamilton Conservation Commission will hold a public hearing in accordance with the Wetlands Protection Act, MGL Ch. 131, Section 40, and the Hamilton Conservation Bylaw on January 15, 2025 at 7 pm to review a Notice of Intent application relative to proposed site grading and construction of a subsurface sanitary disposal system to serve a proposed single-family dwelling being at 3 Gail Avenue (Assessor's Map 29, Lot 3). The applicant and property owner, Mark Arnold, c/o H and R Land Development, LLC is represented by the Morin-Cameron Group, LLC. The application materials are on file and available for review at the Hamilton Planning Department. This meeting will be held over the Zoom platform and log-in information to participate will be included on the posted January 15 Conservation Commission agenda.

Mark Connors
Planning & Development Director



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

Provided by MassDEP:

WPA Form 3 – Notice of Intent

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40 &
Under the Town of Hamilton Conservation Bylaw Regulations

MassDEP File Number

Document Transaction Number

Hamilton

City/Town

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):

3 Gail Avenue
a. Street Address

Hamilton
b. City/Town

01936
c. Zip Code

Latitude and Longitude:

42.6320
d. Latitude

70.8821
e. Longitude

Map 29
f. Assessors Map/Plat Number

Parcel 8
g. Parcel /Lot Number

2. Applicant:

Mark Adams
a. First Name

c/o H and R Land Development
b. Last Name

c/o The Morin-Cameron Group, Inc.
c. Organization

66 Elm Street
d. Street Address

Danvers
e. City/Town

MA
f. State

01923
g. Zip Code

978-777-8586
h. Phone Number

i. Fax Number

Daniel@morcameron.com
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):

Dan
a. First Name

Powers
b. Last Name

The Morin-Cameron Group, Inc.
c. Company

66 Elm Street
d. Street Address

Danvers
e. City/Town

MA
f. State

01923
g. Zip Code

978-777-8586
h. Phone Number

i. Fax Number

Daniel@morincameron.com
j. Email address

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

\$395.00
a. Total Fee Paid

\$97.50
b. State Fee Paid

\$297.50
c. City/Town Fee Paid



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A. General Information (continued)

6. General Project Description:

Grading and subsurface sanitary disposal system construction in support of a single family dwelling.

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

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

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

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

2. Limited Project Type

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

8. Property recorded at the Registry of Deeds for:

Northern Essex

a. County

41322

c. Book

b. Certificate # (if registered land)

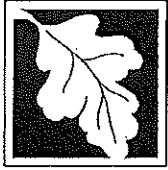
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d. Page Number

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

- 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.
- 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.

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

Resource Area	Size of Proposed Alteration	Proposed Replacement (if any)
d. <input type="checkbox"/> Bordering Land Subject to Flooding	1. square feet _____	2. square feet _____
	3. cubic feet of flood storage lost _____	4. cubic feet replaced _____
e. <input type="checkbox"/> Isolated Land Subject to Flooding	1. square feet _____	
	2. cubic feet of flood storage lost _____	3. cubic feet replaced _____

- f. 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.

<u>Resource Area</u>	<u>Size of Proposed Alteration</u>	<u>Proposed Replacement (if any)</u>
a. <input type="checkbox"/> Designated Port Areas	Indicate size under Land Under the Ocean, below	
b. <input type="checkbox"/> Land Under the Ocean	_____	
	1. square feet	

	2. cubic yards dredged	
c. <input type="checkbox"/> Barrier Beach	Indicate size under Coastal Beaches and/or Coastal Dunes below	
d. <input type="checkbox"/> Coastal Beaches	_____	_____
	1. square feet	2. cubic yards beach nourishment
e. <input type="checkbox"/> Coastal Dunes	_____	_____
	1. square feet	2. cubic yards dune nourishment
	<u>Size of Proposed Alteration</u>	<u>Proposed Replacement (if any)</u>
f. <input type="checkbox"/> Coastal Banks	_____	
	1. linear feet	
g. <input type="checkbox"/> Rocky Intertidal Shores	_____	
	1. square feet	
h. <input type="checkbox"/> Salt Marshes	_____	_____
	1. square feet	2. sq ft restoration, rehab., creation
i. <input type="checkbox"/> Land Under Salt Ponds	_____	
	1. square feet	

	2. cubic yards dredged	
j. <input type="checkbox"/> Land Containing Shellfish	_____	
	1. square feet	
k. <input type="checkbox"/> Fish Runs	Indicate size under Coastal Banks, inland Bank, Land Under the Ocean, and/or inland Land Under Waterbodies and Waterways, above	

	1. cubic yards dredged	
l. <input type="checkbox"/> Land Subject to Coastal Storm Flowage	_____	
	1. square feet	

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

a. square feet of BWV

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

- 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

MassGIS 2024

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*

- Percentage/acreage of property to be altered:

(a) within wetland Resource Area

percentage/acreage

(b) outside Resource Area

percentage/acreage

- Assessor's Map or right-of-way plan of site

- 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 **

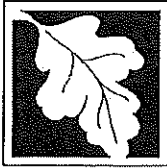
(a) Project description (including description of impacts outside of wetland resource area & buffer zone)

(b) Photographs representative of the site

* Some projects not in Estimated Habitat may be located in Priority Habitat, and require NHESP review (see <https://www.mass.gov/endangered-species-act-mesa-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 <https://www.mass.gov/how-to/how-to-file-for-a-mesa-project-review>).

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, <https://www.mass.gov/service-details/exemptions-from-review-for-projectsactivities-in-priority-habitat>; 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?

a. Not applicable – project is in inland resource area only b. Yes No

If yes, include proof of mailing, hand delivery, or electronic delivery of NOI to either:

South Shore - Bourne to Rhode Island border, and
the Cape & Islands:

North Shore - Plymouth 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@mass.gov

Division of Marine Fisheries -
North Shore Office
Attn: Environmental Reviewer
30 Emerson Avenue
Gloucester, MA 01930
Email: dmf.envreview-north@mass.gov

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.

c. Is this an aquaculture project?

d. Yes No

If yes, include a copy of the Division of Marine Fisheries Certification Letter (M.G.L. c. 130, § 57).



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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:
 - 1. Single-family house
 - 2. Emergency road repair
 - 3. Small Residential Subdivision (less than or equal to 4 single-family houses or less than or equal to 4 units in multi-family housing project) with no discharge to Critical Areas.

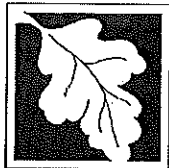
D. Additional Information

- This is a proposal for an Ecological Restoration Limited Project. Skip Section D and complete Appendix A: Ecological Restoration Notice of Intent – Minimum Required Documents (310 CMR 10.12).

Applicants must include the following with this Notice of Intent (NOI). See instructions for details.

Online Users: Attach the document transaction number (provided on your receipt page) for any of the following information you submit to the Department.

- 1. USGS or other map of the area (along with a narrative description, if necessary) containing sufficient information for the Conservation Commission and the Department to locate the site. (Electronic filers may omit this item.)
- 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.

Sanitary Disposal System Design prepared for Mark Adams, 3 Gail Avenue. Hamilton, MA

a. Plan Title

The Morin-Cameron Group, Inc.

Daniel Powers

b. Prepared By

c. Signed and Stamped by

12/17/2024

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:

1155

12/17/2024

2. Municipal Check Number

3. Check date

1158

12/17/2024

4. State Check Number

5. Check date

The Morin-Cameron Group, Inc.

6. Payor name on check: First Name

7. Payor name on check: Last Name

The Morin-Cameron Group, Inc.
66 Elm Street
Danvers, MA 01923

Brookline Bank
53-7148/2113

1155

12/17/2024

PAY TO THE ORDER OF Town of Hamilton \$ 297.50
Two hundred ninety-seven & 50/100 DOLLARS

MEMO Adams #3939.a - NOI



John M. Morin
AUTHORIZED SIGNATURE

Location: 3 Gail Ave., Hamilton

The Morin-Cameron Group, Inc.
66 Elm Street
Danvers, MA 01923

Brookline Bank
53-7148/2113

1158

12/17/2024

PAY TO THE ORDER OF Commonwealth of Massachusetts \$ 97.50
Ninety-seven & 50/100 DOLLARS

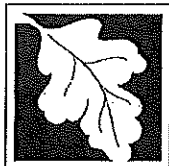
MEMO Adams #3939.a - NOI



John M. Morin
AUTHORIZED SIGNATURE

The Morin-Cameron Group, Inc.

1158



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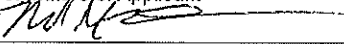
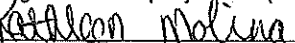
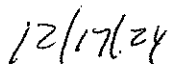
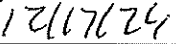

Hamilton

City/Town

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.

<p> 1. Signature of Applicant</p> <p> 3. Signature of Property Owner (if different)</p> <p> 5. Signature of Representative (if any)</p> <p style="margin-left: 40px;">The Moran-Cameron Group, Inc.</p>	<p> 2. Date</p> <p> 4. Date</p> <p> 6. Date</p>
--	--

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:

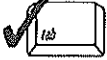
If the applicant has checked the "yes" box in any part of Section C, Item 3, above, refer to that section and the Instructions for additional submittal requirements.

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.



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection - Wetlands
NOI Wetland Fee Transmittal Form
 Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

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



A. Applicant Information

1. Location of Project:

3 Gail Avenue
 a. Street Address
 1158
 c. Check number
 Hamilton
 b. City/Town
 \$97.50
 d. Fee amount

2. Applicant Mailing Address:

Mark Adams
 a. First Name
 c/o The Morin-Cameron Group, Inc.
 c. Organization
 66 Elm Street
 d. Mailing Address
 Danvers
 e. City/Town
 978-777-8586
 h. Phone Number
 MA
 f. State
 01923
 g. Zip Code
 Daniel@morincameron.com
 j. Email Address
 i. Fax Number

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

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

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.

AFFIDAVIT OF SERVICE

Under the Massachusetts Wetlands Protection Act

(to be submitted to Mass. DEP and the Conservation Commission
when filing a Notice of Intent)

I, Kathleen Molina of The Morin-Cameron Group, Inc., hereby certify under the pains and penalties of perjury that on **December 18, 2024** I gave notification to abutters in compliance with the second paragraph of Massachusetts General Laws Chapter 131, Section 40, and the DEP Guide to Abutter Notification dated April 8, 1994, in connection with the following matter:

A Notice of Intent was filed under the Massachusetts Wetlands Protection Act by **Mark Adams** with the Town of **Hamilton** Conservation Commission on **December 18, 2024** for property located at **3 Gail Avenue (Assessors Map 29, Parcel 8)**.

The form of the notification, and a list of the abutters to whom it was given and their addresses, are attached to this Affidavit of Service.

Kathleen Molina

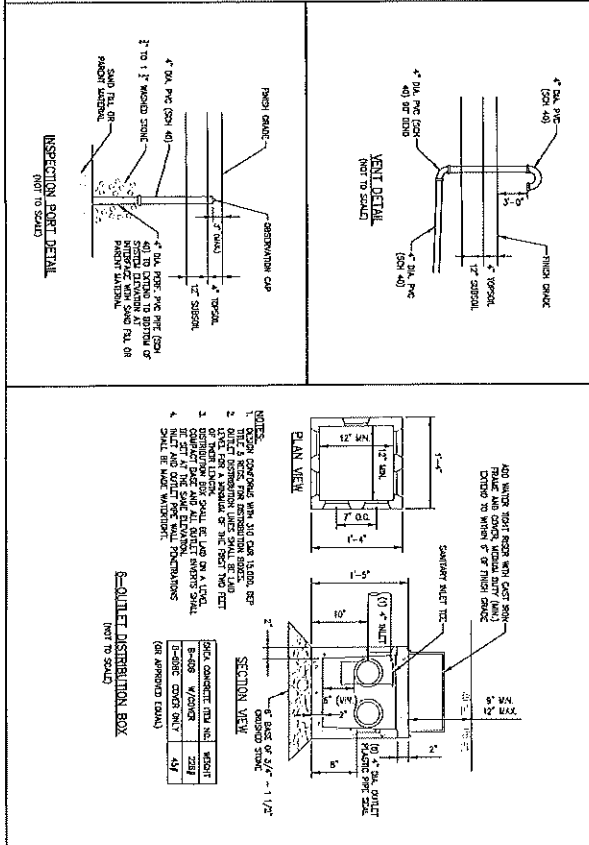
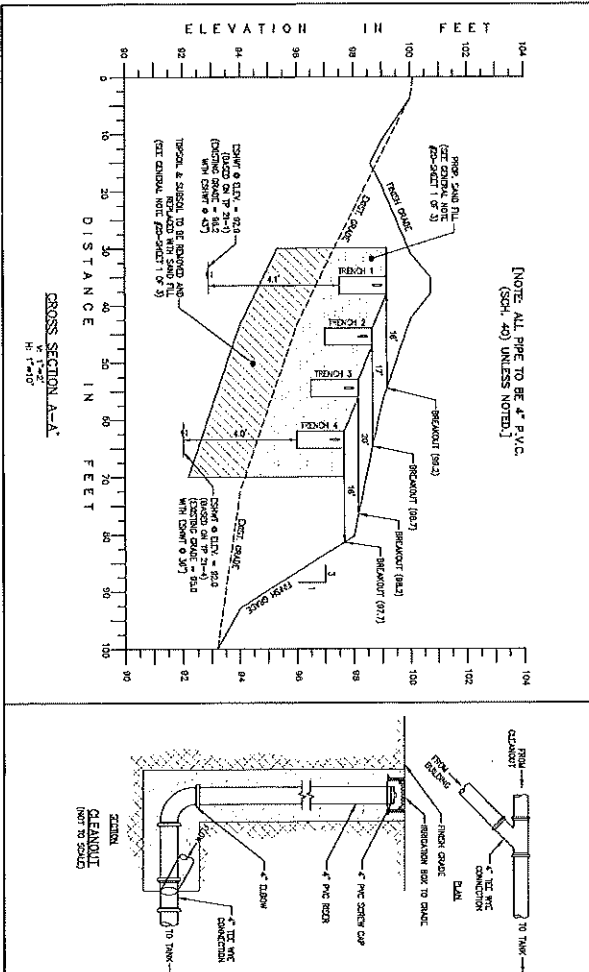
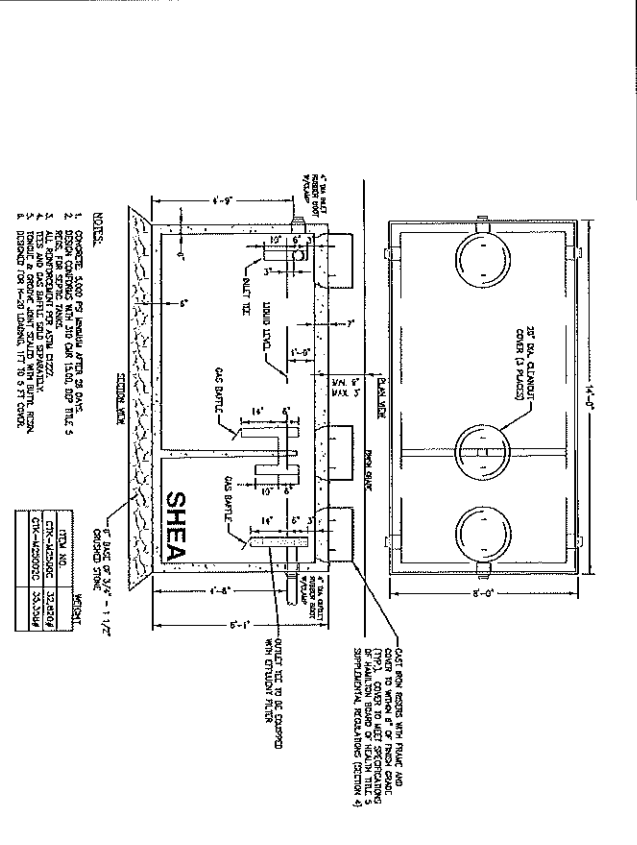
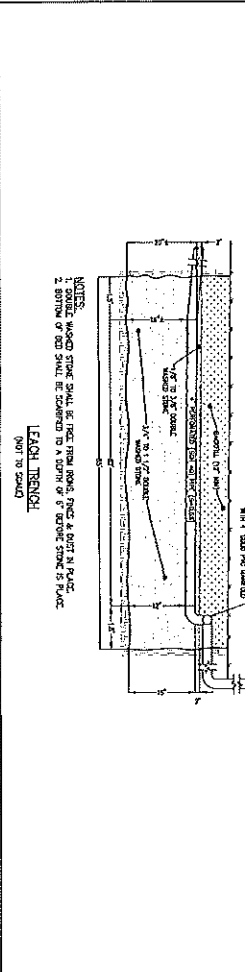
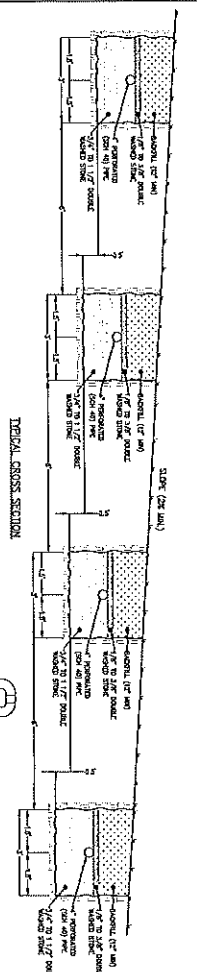
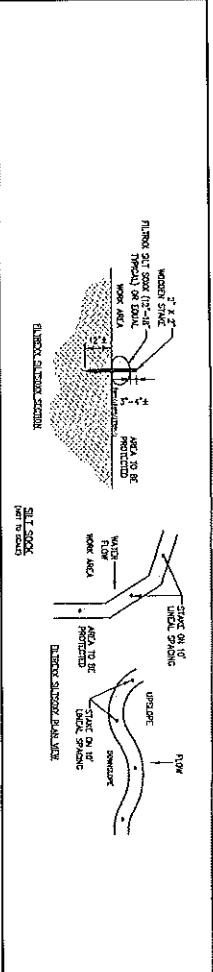
Kathleen Molina
The Morin-Cameron Group, Inc.
66 Elm Street
Danvers, MA 01923

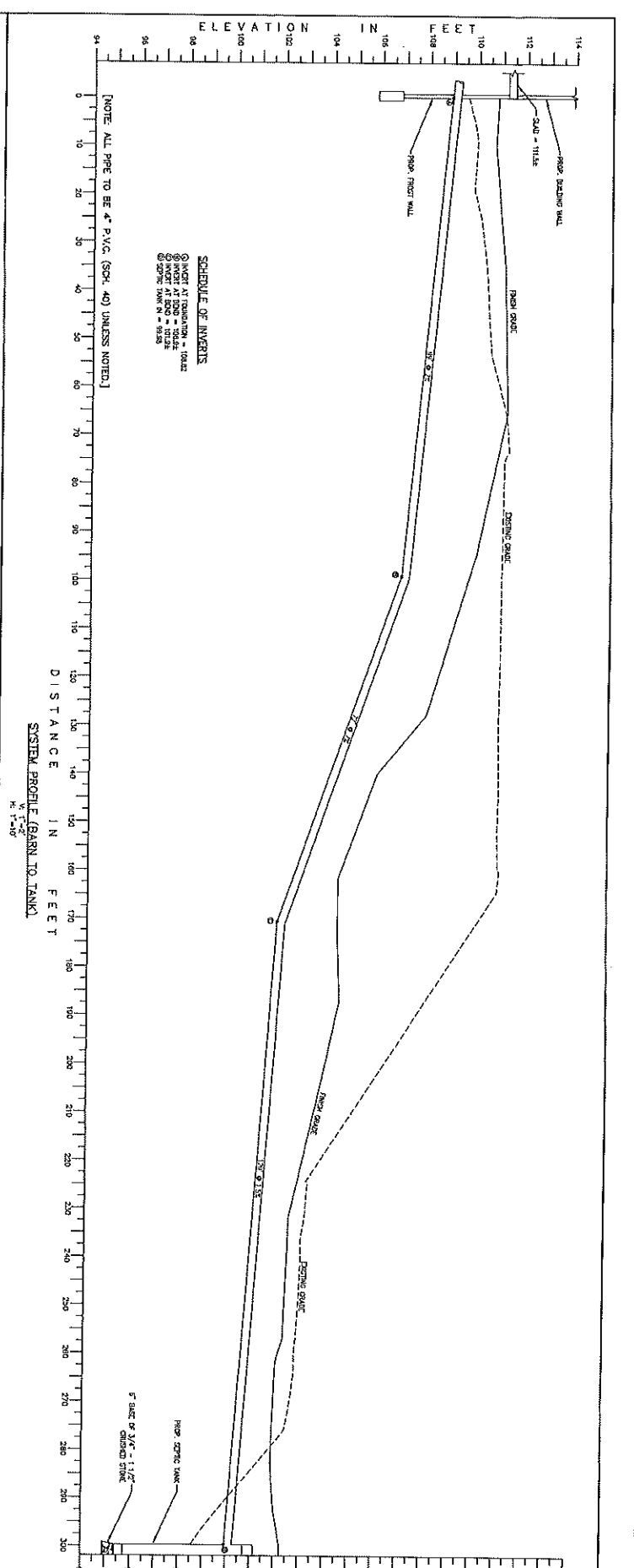
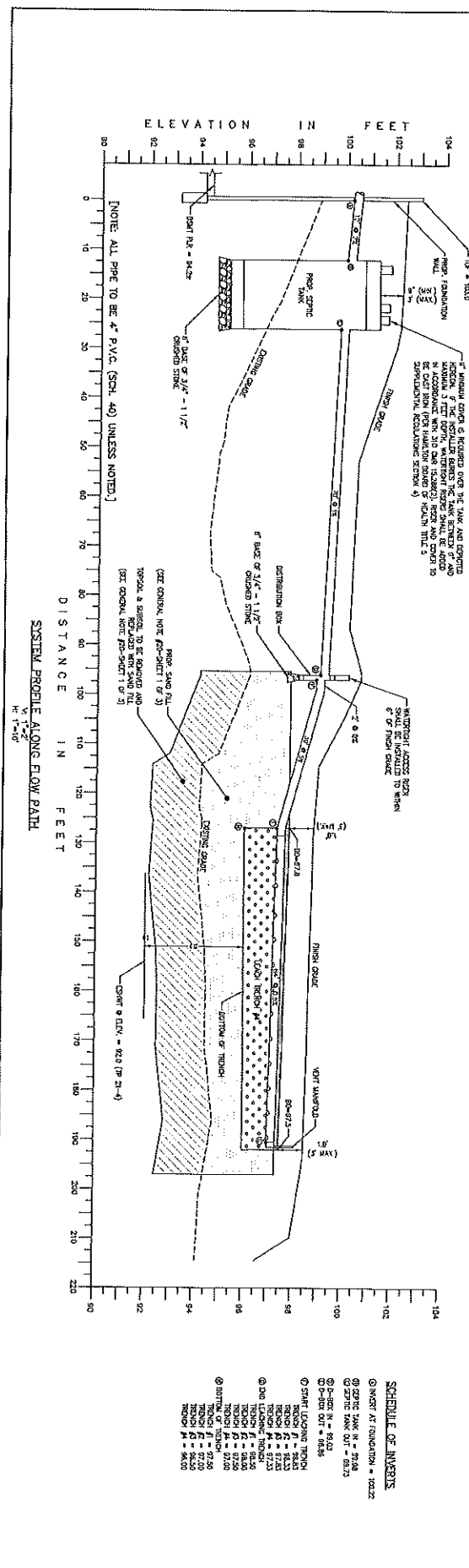
12-18-2024

Date

CIVIL ENGINEERS • LAND SURVEYORS • ENVIRONMENTAL CONSULTANTS • LAND USE PLANNERS

66 Elm Street, Danvers, MA 01923 978.777.8586
Providing Professional Services Since 1978
www.morincameron.com



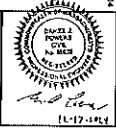


DRAWING NO.
S - 3939.d
SHEET NO.
3 OF 3

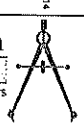
SANITARY DISPOSAL SYSTEM DESIGN
PREPARED FOR:
MARK ADAMS
3 GAIL AVENUE
HAMILTON, MASSACHUSETTS

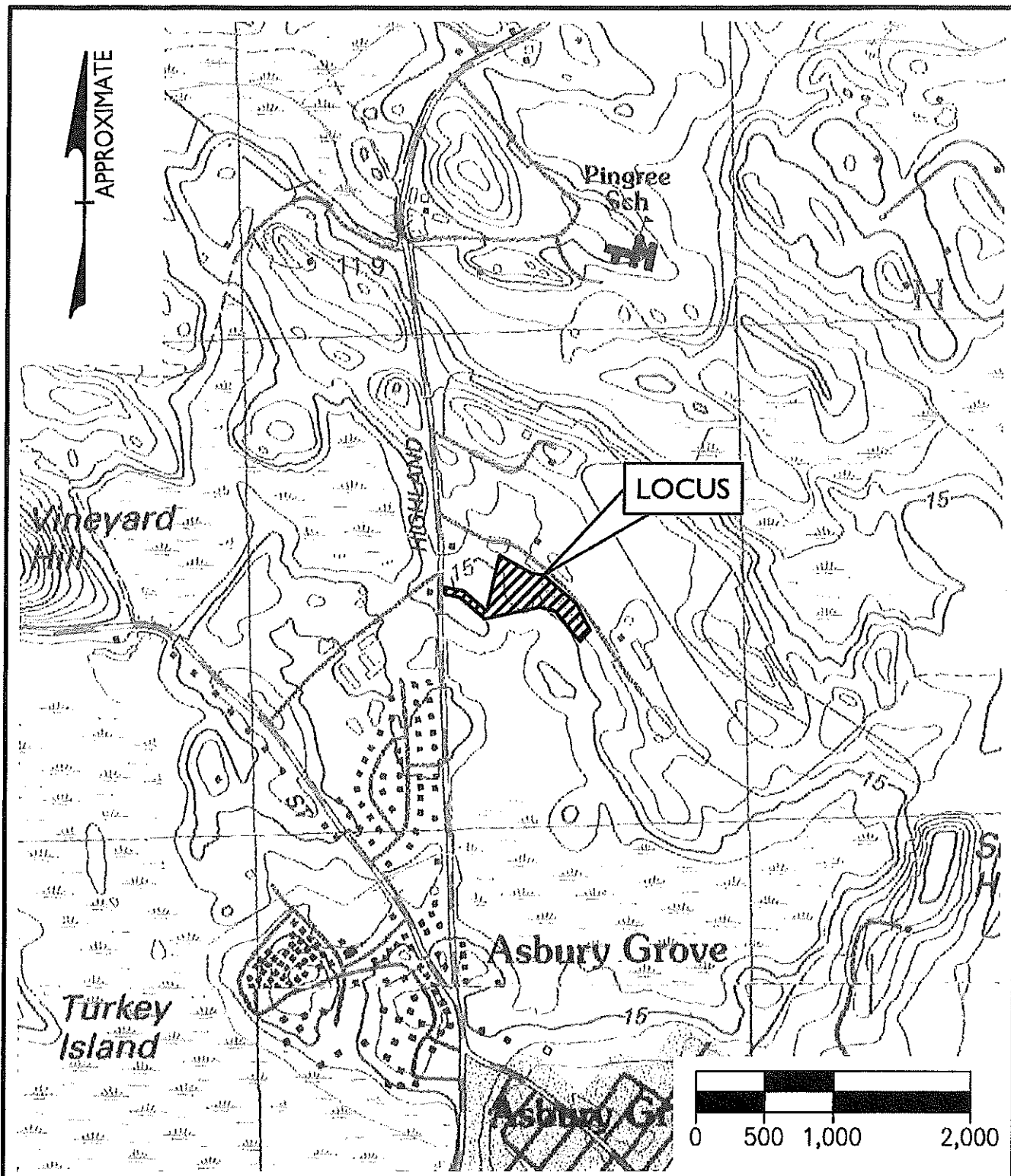
REVISIONS	DATE	DESCRIPTION

SURVEY BY: WSO
DRAWN BY: GWP
CHECKED BY: WSO
APPROVED BY: GWP
SCALE: AS NOTED
DATE: DECEMBER 17, 2024



The Morin-Cameron GROUP, INC.
CIVIL ENGINEERS ENVIRONMENTAL CONSULTANTS
LAND SURVEYORS II LAND USE PLANNERS
88 BAY STREET, SUITE 400, WILMINGTON, MASSACHUSETTS 01973
P. 508-777-8554 • F. 508-777-2229 • WWW.MORIN-CAMERON.COM





THE MORIN-CAMERON GROUP, INC.
 66 ELM STREET, DANVERS, MA 01923
 P | 978.777.8586
WWW.MORINCAMERON.COM

USGS LOCUS MAP
3 GAIL AVENUE
 IN
 HAMILTON, MA

DATE: DECEMBER 17, 2024

SCALE: 1" = 1,000'

FIGURE #1

LEGAL NOTICE
HAMILTON CONSERVATION
COMMISSION

The Hamilton Conservation Commission will hold a public hearing in accordance with the Wetlands Protection Act, MGL Ch. 131, Section 40, and the Hamilton Conservation Bylaw on January 15, 2025 at 7 pm to review a Notice of Intent application relative to proposed site grading and construction of a subsurface sanitary disposal system to serve a proposed single-family dwelling being at 3 Gail Avenue (Assessor's Map 29, Lot 3). The applicant and property owner, Mark Arnold, c/o H and R Land Development, LLC is represented by the Morin-Cameron Group, LLC. The application materials are on file and available for review at the Hamilton Planning Department. This meeting will be held over the Zoom platform and log-in information to participate will be included on the posted January 15 Conservation Commission agenda.

Mark Connors

Planning & Development Director
SN - Publication Dates



CERTIFICATE OF MAILING

PS Form 3877 - PSN 7530-02-000

Name and Address of Sender:
 The Morn-Cameron Group, Inc.
 66 Elm Street
 Danvers, MA 01923

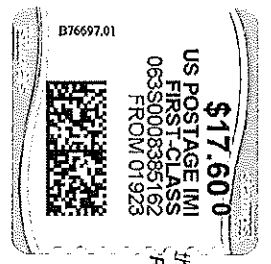
Page 2 of 5

3 Gail Avenue, Hamilton
 Mark Adams #3939A

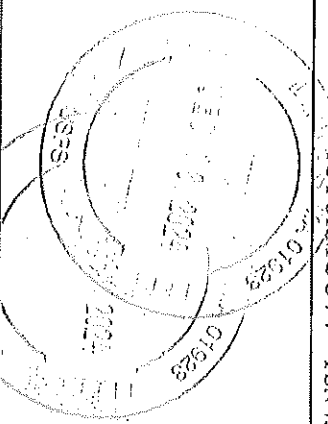
Check type of mail or service

Adult Signature Required
 Adult Signature Restricted Delivery
 Certified Mail
 Certified Mail Restricted Delivery
 Collected on Delivery (COD)
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 Priority Mail

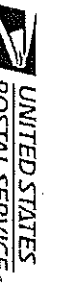
Priority Mail Express
 Registered Mail
 Return Receipt for Merchandise
 Signature Confirmation
 Signature Confirmation Restricted Delivery



This receipt is Receipt.



1.	2.	3.	4.	5.	6.	7.	8.	Postage		Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	MSRD Fee	RD Fee	RR Fee	SC Fee	S&H Fee	
								Basic	Extra Service										
DEARBORN MARY R BOSTON FIDUCIARY SERVICES LLC 4 CANTER BROOK LANE HAMILTON, MA 01982	PATRICIA TERRIEN TRUST TERRIEN PATRICIA D 5 CANTER BROOK LANE UNIT 5 HAMILTON, MA 01982	ELLEN L ROTHMAN TRUST ZDENEK EDWARD J. 6 CANTER BROOK LANE UNIT 6 S. HAMILTON, MA 01982	KAHN RICHARD KAHN SANDRA 7 CANTER BROOK LANE HAMILTON, MA 01982	MCGARRY JAMES F MCGARRY KIMBERLE J 8 CANTER BROOK LANE HAMILTON, MA 01982	ROGERS GERALDINE TRUSTEE 9 CANTER BROOK LANE S. HAMILTON, MA 01982	PAPPAS CHRIS JOHN PAPPAS JANICE ELIZABETH 10 CANTER BROOK LANE HAMILTON, MA 01982	CONNELL III FRANCIS J CONNELL ELLEN H 11 CANTER BROOK LANE HAMILTON, MA 01982	.69	.69										
Total Number of Pieces Listed by Sender								Total Number Pieces Received at Post Office		Postmaster, Per (Signature of receiving employee)									
8								8											



CERTIFICATE OF MAILING

PS FORM 3877 - PSN 7530-02-000

Name and Address of Sender:

The Morin-Cameron Group, Inc.
66 Elm Street
Danvers, MA 01923

Page 3 of 5

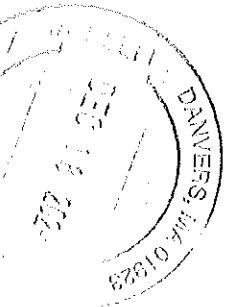
3 Gall Avenue, Hamilton
Mark Adams #3939A

Check type of mail or service

- Adult Signature Required
- Adult Signature Restricted Delivery
- Certified Mail
- Certified Mail Restricted Delivery
- Collect on Delivery (COD)
- Insured Mail
- Priority Mail
- Priority Mail Express
- Registered Mail
- Return Receipt for Merchandise
- Signature Confirmation
- Signature Confirmation Restricted Delivery



this receipt is Receipt.



1.	2.	3.	4.	5.	6.	7.	8.	Postmaster, Per (Name of receiving employee)															
								Postage	Extra Services	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	RD Fee	RR Fee	SG Fee	SCRD Fee	S & H Fee			
LEAHY JR JOHN T. LEAHY TRUSTEES LYN M. 12 CANTER BROOK LANE UNIT 12 S. HAMILTON, MA 01982	BRENDA P HOLMES LIVING TRUST BRENDA P HOLMES TRUSTEE 13 CANTER BROOK LANE UNIT 13 HAMILTON, MA 01982	INGEMI STEPHEN INGEMI KATHLEEN M 14 CANTER BROOK LANE HAMILTON, MA 01982	DESIMONE PAUL A. CLARK AMY 15 CANTER BROOK LANE HAMILTON, MA 01982	LALIK FAMILY TRUST WILLIAM & ROSARY LALIK TRUSTEES 16 CANTER BROOK LANE HAMILTON, MA 01982	KNOPPING STEVEN R FORMAN MARJORIE R 17 CANTER BROOK LANE HAMILTON, MA 01982	RATAY ROBERT & PATRICIA 18 CANTER BROOK LANE HAMILTON, MA 01982	MCCAFFERTY FRANK DEBORAH 19 CANTER BROOK LN 19 SOUTH HAMILTON, MA 01982	8															



CERTIFICATE OF MAILING

PS FORM 3877 - PSN 7530-02-000

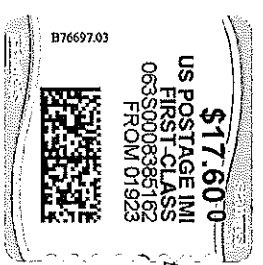
Name and Address of Sender:

The Morin-Cameron Group, Inc.
66 Elm Street
Danvers, MA 01923

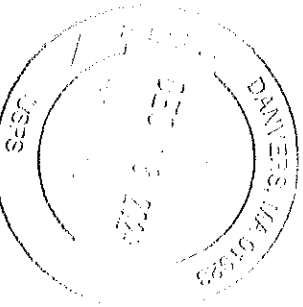
Page 4 of 5

3 Gail Avenue, Hamilton
Mark Adams #3939.A

- Check type of mail or service
- Adult Signature Required
 - Adult Signature Restricted Delivery
 - Certified Mail
 - Certified Mail Restricted Delivery
 - Collect on Delivery (COD)
 - Insured Mail
 - Priority Mail
 - Priority Mail Express
 - Registered Mail
 - Return Receipt for Merchandise
 - Signature Confirmation
 - Signature Confirmation Restricted Delivery



(this receipt) / Receipt



Addressee (Name, Street, City, State, & ZIP Code)

1.	GEBHARD MARGARET E. TRUSTEE OF THE 2014 MARGAET E. 20 CANTER BROOK LN 20 SOUTH HAMILTON, MA 01982	.69	Extra Service	Handling Charge	Actual Value If Registered	Insured Value	Due Sender If COD	ASR Fee	ASRD Fee	RD Fee	RR Fee	SC Fee	SGRD Fee	S & H Fee
2.	ODOARDI JAMES A. & ANN IRREV 21 CANTER BROOK LN SOUTH HAMILTON, MA 01982	.69												
3.	MCWANE JOHN W JANE K 22 CANTER BROOK LANE SOUTH HAMILTON, MA 01982	.69												
4.	CHAFEY JAMES 23 CANTER BROOK LN HAMILTON, MA 01982	.69												
5.	OBER THEODORE E & KIMBERLY W 10 GAIL AVE S. HAMILTON, MA 01982	.69												
6.	GRIBBELL WILLIAM W ELLSWORTH PATRICIA W 8 GAIL AV SOUTH HAMILTON, MA 01982	.69												
7.	MARK A MEDIATE REVOCABLE TRUST MEDIATE MARK A 14 GAIL AVENUE HAMILTON, MA 01982	.69												
8.	OBER THEODORE E & KIMBERLY W 10 GAIL AVE S. HAMILTON, MA 01982	.69												

Total Number of Pieces Listed by Sender: 8

Total Number Pieces Received at Post Office: 8

Postmaster, Per (Name of receiving employee)



CERTIFICATE OF MAILING

PS FORM 3877 - PSN 7530-02-000

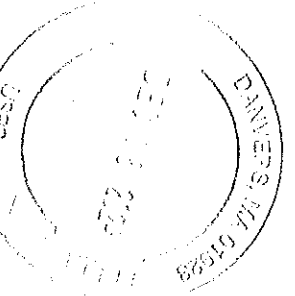
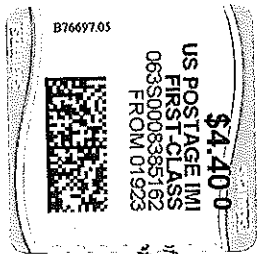
Name and Address of Sender:

The Morin-Cameron Group, Inc.
66 Elm Street
Danvers, MA 01923

Page 5 of 5

3 Gail Avenue, Hamilton
Mark Adams #3939A

- Check type of mail or service
- Adult Signature Required
 - Adult Signature Restricted Delivery
 - Certified Mail
 - Certified Mail Restricted Delivery
 - Collect on Delivery (COD)
 - Insured Mail
 - Priority Mail
 - Priority Mail Express
 - Registered Mail
 - Return Receipt for Merchandise
 - Signature Confirmation
 - Signature Confirmation Restricted Delivery



Addressee Name, Street, City, State, & ZIP Code

1. FLYING HORSE FARM LLC C/O FOSTER
DYKEMA CABOT & CO
1075 MAIN ST SUITE 200
WALTHAM, MA 02154
2. ESSEX COUNTY GREENBELT ASSOC
C/O PIERCE JOHN W
82 EASTERN AVE
ESSEX, MA 01929
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

	Postage	Extra Service	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	RDF Fee	RR Fee	SG Fee	SGRD Fee	S & H Fee
1.	.69												
2.	.69												
3.													
4.													
5.													
6.													
7.													
8.													
Total Number of Pieces Listed by Sender	2												
Total Number of Pieces Received at Post Office	2												
Postmaster, Per (Name of receiving employee)													

PS Form 3877 PSN 7530-02000909
Complete in Ink
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U.S. Postal Service™ *3939, a noi*
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee	\$ 4.85
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 4.10
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 3.71
Total Postage and Fees	\$ 12.66

MassDEP
 150 Presidential Way
 Woburn, MA 01801

Postmark: Woburn, MA 01801
 Date: FEB 20 2014

PS Form 3811, July 2015 PSN 7530-02-000-9053 *3939, a noi* See Reverse for instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>MassDEP 150 Presidential Way Woburn, MA 01801</p> <p>9590 9402 5317 9154 0735 02</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>12/23/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Insured Mail Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (over \$500)</p>

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 **Hamilton** Conservation Commission on **December 18, 2024** 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:

Site grading and construction of a subsurface sanitary disposal system in support of a single family dwelling being constructed outside of the 100' buffer zone.

- B. The name of the applicant is: **Mark Adams**.
- C. The address of the land where the activity is proposed is: **3 Gail Avenue (Assessor's Map 29, Parcel 8)**.
- D. Copies of the Notice of Intent may be examined or obtained at the office of the **Hamilton** Conservation Commission, located at **577 Bay Road**. The regular business hours of the Commission are **Monday-Thursday 8am-12:30pm**, and the Commission may be reached at **978-626-5251**.
- E. Copies of the Notice of Intent may be obtained from the applicant's representative by calling **The Morin-Cameron Group, Inc.** at 978-777-8586. 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 **Hamilton** Conservation Commission. Notice of the public hearing will be published at least five business days in advance, in the **Salem News**.

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.

November 12, 2024

MAP 29 LOT 8

TOWN OF HAMILTON
Conservation Commission
CERTIFICATE OF PARTIES IN INTEREST

Pursuant to Massachusetts General Laws, Chapter 40A, Section 11, the undersigned Assessor of the Town of Hamilton, hereby certifies that the names and addresses appearing on the list appended hereto are those of the:

- (a) abutters 100'
- (b) owners of land directly opposite on any public or private street or way
- X (c) owners of land within 300' of the property line of the property at:

3 Gail Avenue
November 12, 2024

Prepared by Assessor's Office of the Town of Hamilton.

Jane Dooley
Assistant Assessor



300 feet Abutters List Report

Hamilton, MA
November 12, 2024

Subject Property:

Parcel Number: 29-0008
CAMA Number: 29-000-0008
Property Address: 3 GAIL AV

Mailing Address: H AND R LAND DEVELOPMENT LLC
82 WENDELL AVENUE SUITE 100
PITTSFIELD, MA 01201

Abutters:

Parcel Number: 28-0023
CAMA Number: 28-000-0023
Property Address: 367 HIGHLAND ST

Mailing Address: GALLIGAN CHRISTOPHER M GALLIGAN
ANDREA W
367 HIGHLAND ST
SOUTH HAMILTON, MA 01982

Parcel Number: 28-0025
CAMA Number: 28-000-0025
Property Address: 370 HIGHLAND ST

Mailing Address: IGLIKOVA OLGA TRSTEE
350 HIGHLAND ST
SOUTH HAMILTON, MA 01982

Parcel Number: 28-0026
CAMA Number: 28-000-0026
Property Address: 376 HIGHLAND ST

Mailing Address: HARM GEOFFREY HOAK NATALIE
376 HIGHLAND ST
SOUTH HAMILTON, MA 01982

Parcel Number: 28-0027
CAMA Number: 28-000-0027
Property Address: 350 HIGHLAND ST

Mailing Address: IGLIKOVA OLGA
350 HIGHLAND ST
SOUTH HAMILTON, MA 01982

Parcel Number: 28-0008
CAMA Number: 28-001-0008
Property Address: 1 CANTER BROOK LN

Mailing Address: BROWNSON MICHAEL S. LYONS
KATHLEEN M.
1 CANTER BROOK LANE UNIT 1
S. HAMILTON, MA 01982

Parcel Number: 28-0008
CAMA Number: 28-002-0008
Property Address: 2 CANTER BROOK LN

Mailing Address: BODENGRAVEN FRANK
BODENGRAVEN BARBARA
2 CANTER BROOK LANE UNIT 2
HAMILTON, MA 01982

Parcel Number: 28-0008
CAMA Number: 28-003-0008
Property Address: 3 CANTER BROOK LN

Mailing Address: DOLINSKY DEBORAH F.
3 CANTER BROOK LN 3
SOUTH HAMILTON, MA 01982

Parcel Number: 28-0008
CAMA Number: 28-004-0008
Property Address: 4 CANTER BROOK LN

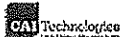
Mailing Address: DEARBORN MARY R BOSTON
FIDUCIARY SERVICES LLC
4 CANTER BROOK LANE
HAMILTON, MA 01982

Parcel Number: 28-0008
CAMA Number: 28-005-0008
Property Address: 5 CANTER BROOK LN

Mailing Address: PATRICIA TERRIEN TRUST TERRIEN
PATRICIA D
5 CANTER BROOK LANE UNIT 5
HAMILTON, MA 01982

Parcel Number: 28-0008
CAMA Number: 28-006-0008
Property Address: 6 CANTER BROOK LN

Mailing Address: ELLEN L ROTHMAN TRUST ZDENEK
EDWARD J.
6 CANTER BROOK LANE UNIT 6
S. HAMILTON, MA 01982



www.cai-tech.com

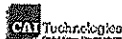
Data shown on this report is provided for planning and informational purposes only. The municipality and CAI Technologies are not responsible for any use for other purposes or misuse or misrepresentation of this report.



300 feet Abutters List Report

Hamilton, MA
November 12, 2024

Parcel Number: 28-0008 CAMA Number: 28-007-0008 Property Address: 7 CANTER BROOK LN	Mailing Address: KAHN RICHARD KAHN SANDRA 7 CANTER BROOK LANE HAMILTON, MA 01982
Parcel Number: 28-0008 CAMA Number: 28-008-0008 Property Address: 8 CANTER BROOK LN	Mailing Address: MCGARRY JAMES F MCGARRY KIMBERLE J 8 CANTER BROOK LANE HAMILTON, MA 01982
Parcel Number: 28-0008 CAMA Number: 28-009-0008 Property Address: 9 CANTER BROOK LN	Mailing Address: ROGERS GERALDINE TRUSTEE 9 CANTER BROOK LANE S. HAMILTON, MA 01982
Parcel Number: 28-0008 CAMA Number: 28-010-0008 Property Address: 10 CANTER BROOK LN	Mailing Address: PAPPAS CHRIS JOHN PAPPAS JANICE ELIZABETH 10 CANTER BROOK LANE HAMILTON, MA 01982
Parcel Number: 28-0008 CAMA Number: 28-011-0008 Property Address: 11 CANTER BROOK LN	Mailing Address: CONNELL III FRANCIS J CONNELL ELLEN H 11 CANTER BROOK LANE HAMILTON, MA 01982
Parcel Number: 28-0008 CAMA Number: 28-012-0008 Property Address: 12 CANTER BROOK LN	Mailing Address: LEAHY JR JOHN T. LEAHY TRUSTEES LYN M. 12 CANTER BROOK LANE UNIT 12 S. HAMILTON, MA 01982
Parcel Number: 28-0008 CAMA Number: 28-013-0008 Property Address: 13 CANTER BROOK LN	Mailing Address: BRENDA P HOLMES LIVING TRUST BRENDA P HOLMES TRUSTEE 13 CANTER BROOK LANE UNIT 13 HAMILTON, MA 01982
Parcel Number: 28-0008 CAMA Number: 28-014-0008 Property Address: 14 CANTER BROOK LN	Mailing Address: INGEMI STEPHEN INGEMI KATHLEEN M 14 CANTER BROOK LANE HAMILTON, MA 01982
Parcel Number: 28-0008 CAMA Number: 28-015-0008 Property Address: 15 CANTER BROOK LN	Mailing Address: DESIMONE PAUL A. CLARK AMY 15 CANTER BROOK LANE HAMILTON, MA 01982
Parcel Number: 28-0008 CAMA Number: 28-016-0008 Property Address: 16 CANTER BROOK LN	Mailing Address: LALIK FAMILY TRUST WILLIAM & ROSARY LALIK TRSTEEES 16 CANTER BROOK LANE Hamilton, MA 01982
Parcel Number: 28-0008 CAMA Number: 28-017-0008 Property Address: 17 CANTER BROOK LN	Mailing Address: KNOPPING STEVEN R FORMAN MARJORIE R 17 CANTER BROOK LANE HAMILTON, MA 01982
Parcel Number: 28-0008 CAMA Number: 28-018-0008 Property Address: 18 CANTER BROOK LN	Mailing Address: RATAY ROBERT & PATRICIA 18 CANTER BROOK LANE HAMILTON, MA 01982



www.cai-tech.com

11/12/2024

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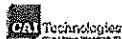
Page 2 of 3



300 feet Abutters List Report

Hamilton, MA
November 12, 2024

Parcel Number: 28-0008 CAMA Number: 28-019-0008 Property Address: 19 CANTER BROOK LN	Mailing Address: MCCAFFERTY FRANK DEBORAH 19 CANTER BROOK LN 19 SOUTH HAMILTON, MA 01982
Parcel Number: 28-0008 CAMA Number: 28-020-0008 Property Address: 20 CANTER BROOK LN	Mailing Address: GEBHARD MARGARET E. TRUSTEE OF THE 2014 MARGAET E. 20 CANTER BROOK LN 20 SOUTH HAMILTON, MA 01982
Parcel Number: 28-0008 CAMA Number: 28-021-0008 Property Address: 21 CANTER BROOK LN	Mailing Address: ODOARDI JAMES A. & ANN IRREV 21 CANTER BROOK LN SOUTH HAMILTON, MA 01982
Parcel Number: 28-0008 CAMA Number: 28-022-0008 Property Address: 22 CANTER BROOK LN	Mailing Address: MCWANE JOHN W JANE K 22 CANTER BROOK LANE SOUTH HAMILTON, MA 01982
Parcel Number: 28-0008 CAMA Number: 28-023-0008 Property Address: 23 CANTER BROOK LN	Mailing Address: CHAFEY JAMES 23 CANTER BROOK LN Hamilton, MA 01982
Parcel Number: 29-0006 CAMA Number: 29-000-0006 Property Address: 10 GAIL AV	Mailing Address: OBER THEODORE E & KIMBERLY W 10 GAIL AVE S. HAMILTON, MA 01982
Parcel Number: 29-0007 CAMA Number: 29-000-0007 Property Address: 8 GAIL AV	Mailing Address: GRIBBELL WILLIAM W ELLSWORTH PATRICIA W 8 GAIL AV SOUTH HAMILTON, MA 01982
Parcel Number: 29-0009 CAMA Number: 29-000-0009 Property Address: 14 GAIL AV	Mailing Address: MARK A MEDIATE REVOCABLE TRUST MEDIATE MARK A 14 GAIL AVENUE HAMILTON, MA 01982
Parcel Number: 29-0010 CAMA Number: 29-000-0010 Property Address: 12 GAIL AV	Mailing Address: OBER THEODORE E & KIMBERLY W 10 GAIL AVE S. HAMILTON, MA 01982
Parcel Number: 29-0011 CAMA Number: 29-000-0011 Property Address: 2 GAIL AV	Mailing Address: FLYING HORSE FARM LLC C/O FOSTER DYKEMA CABOT & CO 1075 MAIN ST SUITE 200 WALTHAM, MA 02154
Parcel Number: 29-0013 CAMA Number: 29-000-0013 Property Address: 0 HIGHLAND ST	Mailing Address: ESSEX COUNTY GREENBELT ASSOC C/O PIERCE JOHN W 82 EASTERN AVE ESSEX, MA 01929



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