

|          | Office Use On | <u>ly</u>   |       |
|----------|---------------|-------------|-------|
| Project# | IW-           | <u> 21-</u> | 010   |
| Address: | 3011          | SK          | inner |
| MBL:     | 13            | 33          | 14A   |

INLAND WETLANDS & WATERCOURSES AGENCY TOWN OF EAST HAMPTON

## Minimum Requirements for Submission of Application to **Inland Wetlands and Watercourses Agency**

This form must be submitted with your application

| Please check all that are  | being submitted:                                 |                |                     |            |
|--|--|----------------|---------------------|------------|
| <ul> <li>✓ Project Narrative – 10</li> <li>Soils Report (As Requested Stormwater Report (As State Reporting Form)</li> </ul> | roject location, extent of w<br>Copies<br>uired) | le)            | nensions, etc) – 10 | ) Copies   |
| Schedule a Site Visit  | with Planning & Zoning O                         | fficial at tim | ne of Application   |            |
|  |  |                |                     |            |
|  |  |                |                     |            |
|  |  |                |                     | 15         |
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|  |  |                |                     |            |
|  |  |                |                     | <b>*</b> 3 |
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|  |  |                |                     |            |
| " 2  | t e  | 19             |                     |            |
| I certify that this applications  Signature of Applicant:  | 0,   | udara          | Date:               | 4/8/21     |

The Agency reserves the right to add additional requirements in accordance with the Regulations. Only Complete Application Packages Will Be Accepted

| -                      | 000                 |                         |
|------------------------|---------------------|-------------------------|
| Office Use Only 2 500  |                     | 71-21-110               |
| Fee Paid \$135.        | Date Approved       | Permit Number TW-21-010 |
| Public Hearing: YES NO | Agent Approval: YES | NO                      |

## 

| Date: 4/8/21  | -               | APR 8 2021              | -         |
|---|-----------------|-------------------------|-----------|
| 1. Name of Applicant*Sipaphay Sundara   |                 | 0 2021                  |           |
| Phone Numbers: Home \$60 - 162 - 2676 , Business  | , Cell TK       | 160-538-3913            |           |
| Home Address: Street 3 old Skinner Street Town East Hamp  |                 |                         | 1         |
| Business Address: StreetTown  | State/Zip       |                         |           |
| * All applications MUST list contact phone numbers. If the applicant is a Limited Lia   | bility Corpora  | ation or a Corporation  | ١,        |
| provide the managing member's or responsible corporate officer's name, address, and   | telephone nu    | mber.                   | 22        |
| O Name of Discounts Occurs of Guifferent from Audion Day  | DI              |                         |           |
| 2. Name of Property Owner (if different from Applicant):  | Phone           |                         |           |
| Address: StreetTown   | State/Z         | Zip                     |           |
| As the legal owner of the property listed on this application I hereby cons<br>I hereby authorize the members and agents of the Agency to inspect the |                 |                         |           |
| times, during the pendency of the application and for the life of the permi   |                 | ianu, at reasonable     | е         |
| Printed Name: Sipaphay Sundara, Signature:  |                 | Data: U/F/2             | 1         |
| Timed Name. Strategy , Signature.   | xunaam          | Date. 7/1/2             | -1        |
| 3. Provide the applicant's interest in the land Owner   |                 | , ,                     |           |
| 4. Site Location and Description: Assessor's Map, Block,  | 3               | Lat 14A                 |           |
| Address: Street 3 01d Skinner Street Town East Handto   | State/7         | Zip <u>CT</u> 06424     | J         |
| Note: It is the applicant's responsibility to provide the correct site address, map, block,   | and lot numb    | er for the legal notice | 1         |
| Provide a description of the land in sufficient detail to allow identification  | n of the in     | nland wetlands and      | d         |
| watercourses, the area(s) (in acres or square feet) of wetlands or watercours   | ses to be dis   | sturbed, soil type(s)   | ).        |
| and wetland vegetation.   |                 | ,                       | ,         |
| Area of Wetland to be disturbed: acres or so  | ą. ft.          |                         |           |
| Area of Watercourse to be disturbed acres or so   | j. ft.          |                         | (*C       |
|   | g. ft.(Area wit | thin 100' of wetland)   | )         |
| TOTAL AREA OF DISTURBANCEacres or s   |                 |                         | \$90<br>- |
| Will fill be needed on site? Yes (No) If yes, how much fill is needed?_   |                 | cubic yards             |           |
| The property contains (circle one or more)  |                 | 1.1                     |           |
| WETLANDS, BROOK, RIVER, INTERMITTANT STREAM, VERNAL POOL, SI  | NAMP, OTH       | IER                     |           |
| Description of soil types   | on              | site:                   |           |
| Description of wetland  |                 | vegetation:             |           |
| Name of Soil Scientist and date of survey:  |                 |                         |           |

- 5. Attach a written narrative of the purpose and description of the proposed activity and proposed erosion and sedimentation controls, best management practices, and mitigation measures which may be considered as a condition of issuing a permit for the proposed regulated activity including but not limited to; measures to:
- (1) prevent or minimize pollution or other environmental damage, (2) maintain or enhance existing environmental quality, or (3) in the following order of priority: restore, enhance or create productive wetland or watercourse resources. Depending on the complexity of the project, include the following: sequence of operations, drainage computations with pre and post construction runoff quantities and runoff rates, plans clearly showing the drainage areas corresponding to the drainage computations, existing wetland inventory and functional assessment, soils report, construction plans signed by a certified soils scientist, licensed surveyor, and licensed professional engineer. Include a construction schedule, impacts to vegetation, and pictures that clearly show the existing conditions of all areas to be disturbed and/or cleared of vegetation.
- 6. Provide information of all alternatives considered. List all alternatives which would cause less or no environmental impact to wetlands or watercourses and state why the alternative as set forth in the application was chosen. All such alternatives shall be diagramed on a site plan or drawing.

|   | Attach plans showing all alternatives considered.  There are no evident alternatives for the above ground poiled.  The septic system and leaching fields as well as syrrounding wetlands are site plan showing the proposed activity and existing and proposed conditions in relation to wetlands and watercourses and identifying any further activities associated with, or reasonably related to, the proposed regulated activity which are made inevitable by the proposed regulated activity and which may have an impact on wetlands or watercourses. Include a colored grading plan showing areas to be filled (green) and areas to be excavated (brown) that clearly shows existing and proposed contours and proposed limits of disturbance. |
|---|---|
|   | 8. Attach the names and mailing addresses of adjacent landowners. Attach additional sheets if necessary.  Name Talcott Scovill Address 7 Old Skinner Street, East Hampton Name Address Name Address   |
|   | 9. Attach a completed DEEP reporting form. The Agency shall revise or correct the information provided by the applicant and submit the form to the Commissioner of Environmental Protection in accordance with section 22a-39-14 of the Regulations of Connecticut State Agencies.  |
|   | 10. Attach the appropriate filing fee based on the fee schedule in Section 19 of the regulations.  Fee: _ (Make check payable to "The Town of East Hampton")  |
|   | 11. Name of Erosion Control Agent (Person Responsible for Compliance): Phone Numbers: Home, Business, Cell Address: Street Town   |
|   | 12. Are you aware of any wetland violations (past or present) on this property? YES NO  |
|   | 13. Are you aware of any vernal pools located on or adjacent (within 500')to the property? YES NO   |
|   | 14. For projects that do not fall under the ACOE Category 1 general permit – Have you contacted the Army Corps of Engineers? YES NO   |
|   | 15. Is this project within a public water supply aquifer protection area or a public water supply watershed area? YES NO If so, have you notified the Commissioner of the Connecticut Department of Public Health and the East Hampton WPCA? YES NO N/A (Proof of notification must be submitted with your application.)  |
| t | 16. PUBLIC HEARINGS ONLY. The applicant must provide proof of mailing notices to the abutters prior to he hearing date.   |
| i | As the applicant I am familiar with all the information provided in the application and I am aware of the penalties for obtaining a permit through deception or through inaccurate or misleading information.  Printed name: Signature: Signature: Signature: Signature: Signature: Way Date: 4/8/2   Please Note: You or a representative must attend the Inland Wetlands meeting to present you   |