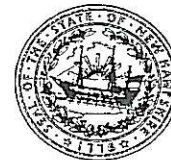




DEPARTMENT OF ENVIRONMENTAL SERVICES
WETLANDS BUREAU
 6 Hazen Drive PO Box 95
 Concord, NH 03302-0095



Phone: (603) 271-2147 Fax: (603) 271-6588
 web site: www.des.state.nh.us/wetlands email: wetmail@des.state.nh.us

City Clerk 12D-4

STANDARD DREDGE AND FILL APPLICATION

Application for filling, dredging, or constructing structures under RSA 482-A and RSA 485-A:17

GENERAL INSTRUCTIONS: Type or print clearly; missing information will delay processing of your application!

- NAME OF OWNER: SAWYER'S MILL ASSOCIATES, INC.

MAILING ADDRESS: 40 ARBOR MANAGEMENT CO., INC. ONE SNOW ROAD, SUITE 2 MARSHFIELD, MA 02050

TELEPHONE: (781) 837-4300 FAX: (781) 837-4306 EMAIL: _____
- LOCATION OF PROPOSED CONSTRUCTION:

ONE MILL STREET DOVER, NH

TAX MAP #'s 16 LOT #'s 13 BLOCK#s _____
- Obtain Name of Waterbody from U.S. Geological Survey Map. If Waterbody is Unnamed, place an "X" in the appropriate box.

IN, OR ADJACENT TO: BELLAMY RIVER (name of waterbody)

Unnamed tributary to: _____

Unnamed Pond Unnamed stream Unnamed wetland Tidal Buffer Zone
- Mark appropriate box(es) to indicate landform type(s): Salt Marsh; Tidal water; Sand dune; Bog; Freshwater marsh; Swamp; Wet meadow; River; Perennial stream; Seasonal stream; Lake; Upland (tidal buffer zone only); Other: _____
- Provide a description of your proposed project. REPLACE WASHED OUT RIVER BANK AREA OF APPROX. 80 LINEAR FEET. WORK TO INCLUDE STABILIZATION OF EMBANKMENT, USING LARGESTONE AT BASE, EROSION CONTROL FABRIC, AND 12"-24" RIPRAP.
- Explain the need for the proposed project and how it has been designed to minimize impact to areas within the DES Wetlands Bureau's jurisdiction. (use separate sheet if necessary). THE PROJECT IS THE RESULT OF HIGH RIVER LEVELS FROM THE MAY, 2006 RAINSTORMS. THE OWNERS WANT TO STABILIZE THE AREA TO PREVENT FUTURE COLLAPSE. THERE WILL BE NO WORK WHICH WILL IMPACT THE RIVER. EROSION AND SILT CONTROL METHODS WILL BE USED.
- AUTHORIZED AGENT: ARBOR MANAGEMENT CO., INC.

MAILING ADDRESS: RICHARD A. MOSCATELLI ONE SNOW ROAD, SUITE 2 MARSHFIELD, MA 02050

TELEPHONE: (781) 837-4300 FAX: (781) 837-4306 EMAIL: _____

For Internal Use	
Fee received:	File # _____
check# _____	amount _____
init _____	date _____