MAN. NO. CIPM#DHSCTC044
DATE: 10/18/2016

VENDOR VOUCHER MANIFEST
SCHOOL DISTRICT SAU #11

| 1. DATE | 2. PAYEE NAME AND ADDRESS | 3. FINANCE PO NO: | 4. AMOUNT EXPENDED | 5. AMOUNT OF CHECK | 6. PROJECT NAME |
|---|---|---|---|---|---|
| 1. 10/18/2016 | State of NH-DES-Wetland Bureau<br>Check payable to: Treasurer State of New Hampshire<br>P.O. Box 95<br>Concord, NH 03302 | | | | DHS/CTC |
| PO Line | | | | | Fac. Improv. |
| 1 | 4016.1.600.46900.4725.07101.16.000.000.700 | 201703550 | | $ 200.00 | FY: 2016 |
| | | | | $ 200.00 | |

**PLEASE DO NOT MAIL CHECK**

TOTALS **$200.00**

TO THE TREASURER; PAYMENTS AUTHORIZED AND ORDERED TO THE PERSONS LISTED ABOVE FOR THE SUMS INDICATED IN COLUMN 5. AMOUNT OF CHECK AMOUNTING IN THE AGGREGATE TO: 200.00

10/15/2016

***Superintendent of Schools or Business Administrator*** ***Date***

10/18/16

***Robert Carrier, Deputy Mayor, JBC Chair*** ***Date***

NHDES-W-06-012

# WETLANDS PERMIT APPLICATION

**Water Division/ Wetlands Bureau**
**Land Resources Management**

Check the status of your application: http://des.nh.gov/onestop

RSA/Rule: Env-Wt 100-900

**1. REVIEW TIME:**
Indicate your Review Time below. Refer to Guidance Document A for instructions.

☒ Standard Review (Minimum, Minor or Major Impact) ☐ Expedited Review (Minimum Impact only)

**2. PROJECT LOCATION:**
Separate applications must be filed with each municipality that jurisdictional impacts will occur in.

| | | | |
|---|---|---|---|
| ADDRESS: **25 Alumni Drive** | | | TOWN/CITY: **Dover** |
| TAX MAP: **H** | BLOCK: | LOT: **12** | UNIT: |
| USGS TOPO MAP WATERBODY NAME: **Bellamy River** ☐ NA | | STREAM WATERSHED SIZE: ☒ NA | |
| LOCATION COORDINATES (If known): **43.176088, -70.885723** UTM ☐ State Plane | | ☒ Latitude/Longitude ☐ | |

**3. PROJECT DESCRIPTION:**
Provide a brief description of the project outlining the scope of work. Attach additional sheets as needed to provide a detailed explanation of your project. DO NOT reply "See Attached" in the space provided below.

**The embankments and channels surrounding 2 existing drainage outfalls are to be stabilized with rip-rap to prevent erosion that is occurring at Dover High School. Improvements result in 439sf permanent impact and approx. 585sf temporary impact to wetlands.**

**4. SHORELINE FRONTAGE**

☒ NA This lot has no shoreline frontage. SHORELINE FRONTAGE:

Shoreline frontage is calculated by determining the average of the distances of the actual natural navigable shoreline frontage and a straight line drawn between the property lines, both of which are measured at the normal high water line.

**5. RELATED PERMITS, ENFORCEMENT, EMERGENCY AUTHORIZATION, SHORELAND, ALTERATION OF TERRAIN, ETC...**

**6. NATURAL HERITAGE BUREAU & DESIGNATED RIVERS:**
See the Instructions & Required Attachments document for instructions to complete a & b below.

a. Natural Heritage Bureau File ID: NHB **15** - **3690** .

b. ☐ Designated River the project is in ¼ miles of: _____ ; and
date a copy of the application was sent to Local River Advisory Committee: Month: __ Day: __ Year: ____
☒ NA

**7. APPLICANT INFORMATION (Desired permit holder)**

LAST NAME, FIRST NAME, M.I.: ~~Arbour, Elaine~~ Joint Building Committee

TRUST / COMPANY NAME: **Dover School District, ~~SAU #11~~** | MAILING ADDRESS: **61 Locust Street**

TOWN/CITY: **Dover** | STATE: **NH** | ZIP CODE: **03820**

EMAIL or FAX: **e.arbour@dover.k12.nh.us** | PHONE: **(603) 516-6800**

ELECTRONIC COMMUNICATION: By initialing here: _____, I hereby authorize DES to communicate all matters relative to this application electronically

**8. PROPERTY OWNER INFORMATION (If different than applicant)**

LAST NAME, FIRST NAME, M.I.: **City of Dover** / Joint Building Committee

TRUST / COMPANY NAME: | MAILING ADDRESS: **288 Central Avenue**

TOWN/CITY: **Dover** | STATE: **NH** | ZIP CODE: **03820**

EMAIL or FAX: | PHONE: **(603) 516-6000**

ELECTRONIC COMMUNICATION: By initialing here _____, I hereby authorize DES to communicate all matters relative to this application electronically

**9. AUTHORIZED AGENT INFORMATION**

LAST NAME, FIRST NAME, M.I.: **Lambert, Erin R., P.E.** | COMPANY NAME: **Nobis Engineering, Inc.**

MAILING ADDRESS: **18 Chenell Drive**

TOWN/CITY: **Concord** | STATE: **NH** | ZIP CODE: **03301**

EMAIL or FAX: **ELambert@nobiseng.com** | PHONE: **(603) 224-4182**

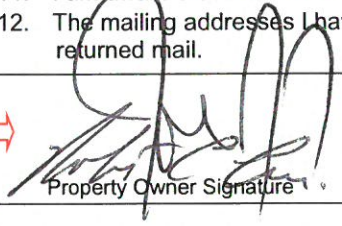
ELECTRONIC COMMUNICATION: By initialing here **EL**, I hereby authorize DES to communicate all matters relative to this application electronically

**10. PROPERTY OWNER SIGNATURE:**

See the Instructions & Required Attachments document for clarification of the below statements

By signing the application, I am certifying that:

1. I authorize the applicant and/or agent indicated on this form to act in my behalf in the processing of this application, and to furnish upon request, supplemental information in support of this permit application.
2. I have reviewed and submitted information & attachments outlined in the Instructions and Required Attachment document.
3. All abutters have been identified in accordance with RSA 482-A:3, I and Env-Wt 100-900.
4. I have read and provided the required information outlined in Env-Wt 302.04 for the applicable project type.
5. I have read and understand Env-Wt 302.03 and have chosen the least impacting alternative.
6. Any structure that I am proposing to repair/replace was either previously permitted by the Wetlands Bureau or would be considered grandfathered per Env-Wt 101.47.
7. I have submitted a Request for Project Review (RPR) Form (www.nh.gov/nhdhr/review) to the NH State Historic Preservation Officer (SHPO) at the NH Division of Historical Resources to be reviewed for the presence of historical/ archeological resources.
8. I authorize DES and the municipal conservation commission to inspect the site of the proposed project.
9. I have reviewed the information being submitted and that to the best of my knowledge the information is true and accurate.
10. I understand that the willful submission of falsified or misrepresented information to the New Hampshire Department of Environmental Services is a criminal act, which may result in legal action.
11. I am aware that the work I am proposing may require additional state, local or federal permits which I am responsible for obtaining.
12. The mailing addresses I have provided are up to date and appropriate for receipt of DES correspondence. DES will not forward returned mail.

| Property Owner Signature | Print name legibly | Date |
|---|---|---|
|  | J. Michael Jonal, Jr.<br>Robert C. Carrier | 10/5/16 |

## MUNICIPAL SIGNATURES

### 11. CONSERVATION COMMISSION SIGNATURE

The signature below certifies that the municipal conservation commission has reviewed this application, and:

1. Waives its right to intervene per RSA 482-A:11;
2. Believes that the application and submitted plans accurately represent the proposed project; and
3. Has no objection to permitting the proposed work.

| ⇨ | Print name legibly | Date |
|---|---|---|
| | | |

**DIRECTIONS FOR CONSERVATION COMMISSION**

1. Expedited review ONLY requires that the conservation commission's signature is obtained in the space above.
2. Expedited review requires the Conservation Commission signature be obtained **prior** to the submittal of the original application to the Town/City Clerk for signature.
3. The Conservation Commission may refuse to sign. If the Conservation Commission does not sign this statement for any reason, the application is not eligible for expedited review and the application will reviewed in the standard review time frame.

### 12. TOWN / CITY CLERK SIGNATURE

As required by Chapter 482-A:3 (amended 2014), I hereby certify that the applicant has filed four application forms, four detailed plans, and four USGS location maps with the town/city indicated below.

| ⇨ Town/City Clerk Signature | Print name legibly | Town/City | Date |
|---|---|---|---|
| Karen Adams | Karen S. Laird | Dover | 10/18/16 |

**DIRECTIONS FOR TOWN/CITY CLERK:**

Per RSA 482-A:3,I

1. For applications where "Expedited Review" is checked on page 1, if the Conservation Commission signature is not present, NHDES will accept the permit application, but it will NOT receive the expedited review time.
2. IMMEDIATELY sign the original application form and four copies in the signature space provided above;
3. Return the signed original application form and attachments to the applicant so that the applicant may submit the application form and attachments to NHDES by mail or hand delivery.
4. IMMEDIATELY distribute a copy of the application with one complete set of attachments to each of the following bodies: the municipal Conservation Commission, the local governing body (Board of Selectmen or Town/City Council), and the Planning Board; and
5. Retain one copy of the application form and one complete set of attachments and make them reasonably accessible for public review.

**DIRECTIONS FOR APPLICANT:**

1. Submit the single, original permit application form bearing the signature of the Town/ City Clerk, additional materials, and the application fee to NHDES by mail or hand delivery.

**13. IMPACT AREA:**

For each jurisdictional area that will be/has been impacted, provide square feet and, if applicable, linear feet of impact

*Permanent: impacts that will remain after the project is complete.*

*Temporary: impacts not intended to remain (and will be restored to pre-construction conditions) after the project is complete.*

| JURISDICTIONAL AREA | PERMANENT Sq. Ft. / Lin. Ft. | | TEMPORARY Sq. Ft. / Lin. Ft. | |
|---|---|---|---|---|
| Forested wetland | 439 | ☐ ATF | 585 | ☐ ATF |
| Scrub-shrub wetland | | ☐ ATF | | ☐ ATF |
| Emergent wetland | | ☐ ATF | | ☐ ATF |
| Wet meadow | | ☐ ATF | | ☐ ATF |
| Intermittent stream | | ☐ ATF | | ☐ ATF |
| Perennial Stream / River | / | ☐ ATF | / | ☐ ATF |
| Lake / Pond | / | ☐ ATF | / | ☐ ATF |
| Bank - Intermittent stream | / | ☐ ATF | / | ☐ ATF |
| Bank - Perennial stream / River | / | ☐ ATF | / | ☐ ATF |
| Bank - Lake / Pond | / | ☐ ATF | / | ☐ ATF |
| Tidal water | / | ☐ ATF | / | ☐ ATF |
| Salt marsh | | ☐ ATF | | ☐ ATF |
| Sand dune | | ☐ ATF | | ☐ ATF |
| Prime wetland | | ☐ ATF | | ☐ ATF |
| Prime wetland buffer | | ☐ ATF | | ☐ ATF |
| Undeveloped Tidal Buffer Zone (TBZ) | | ☐ ATF | | ☐ ATF |
| Previously-developed upland in TBZ | | ☐ ATF | | ☐ ATF |
| Docking - Lake / Pond | | ☐ ATF | | ☐ ATF |
| Docking - River | | ☐ ATF | | ☐ ATF |
| Docking - Tidal Water | | ☐ ATF | | ☐ ATF |
| **TOTAL** | 439 / | | 585 / | |

**14. APPLICATION FEE:** See the Instructions & Required Attachments document for further instruction

☒ Minimum Impact Fee: Flat fee of $ 200

☐ Minor or Major Impact Fee: Calculate using the below table below

Permanent and Temporary (non-docking) _____ sq. ft. X $0.20 = $ _____

Temporary (seasonal) docking structure: _____ sq. ft. X $1.00 = $ _____

Permanent docking structure: _____ sq. ft. X $2.00 = $ _____

**Projects proposing shoreline structures (including docks) add $200 =** $ _____

Total = $ _____

The Application Fee is the above calculated Total or $200, whichever is greater = $ **200.00**