

Attachment F

Site Perspective Rendering

[under separate cover]

Attachment G

Architectural Plans

[under separate cover]

Attachment H

Building Perspective Rendering



Attachment I

Letter from Division of Fisheries and Wildlife



Commonwealth of Massachusetts

Division of Fisheries & Wildlife

MassWildlife

Wayne F. MacCallum, *Director*

July 31, 2014

Alan Berry
C. P. Berry Residences, LLC
460 Boston Street, Suite 5
Topsfield MA 01983

RE: Project Location: 650 Asbury Street
Project Description: Six 2-Unit Buildings for Senior Housing
NHESP File No.: 14-33460

Dear Applicant:

Thank you for submitting the MESA Project Review Checklist, site plans (dated 6/10/2014) and other required materials to the Natural Heritage and Endangered Species Program of the MA Division of Fisheries & Wildlife (the "Division") for review pursuant to the Massachusetts Endangered Species Act (MESA) (MGL c.131A) and its implementing regulations (321 CMR 10.00).

Based on a review of the information that was provided and the information that is currently contained in our database, the Division has determined that this project, as currently proposed, **will not result in a prohibited "take"** of state-listed rare species. This determination is a final decision of the Division of Fisheries & Wildlife pursuant to 321 CMR 10.18. Any changes to the proposed project or any additional work beyond that shown on the site plans may require an additional filing with the Division pursuant to the MESA. This project may be subject to further review if no physical work is commenced within five years from the date of issuance of this determination, or if there is a change to the project.

Please note that this determination addresses only the matter of state-listed species and their habitats. If you have any questions regarding this letter please contact Lauren Glorioso, Endangered Species Review Assistant, at (508) 389-6361.

Sincerely,

Thomas W. French, Ph.D.
Assistant Director

cc: Todd Morey, Beals Associates, Inc.
Town of Hamilton

www.mass.gov

Division of Fisheries and Wildlife

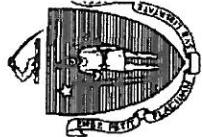
Temporary Correspondence: 100 Hartwell Street, Suite 230, West Boylston, MA 01583

Permanent: Field Headquarters, North Drive, Westborough, MA 01581 (508) 389-6300 Fax (508) 389-7890

An Agency of the Department of Fish and Game

Attachment J

Soil Testing Results



Commonwealth of Massachusetts
City/Town of Hamilton
Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

DEP has provided this form for use by on-site professionals and local Boards of Health. Other forms may be used, but the information must be substantially the same as provided here. Before using this form, check with your local Board of Health to determine the form they use.

A. Facility Information

1. Facility Information

Town of Hamilton

Owner Name

650 Asbury Street

Street Address

Hamilton

City/Town

Map/Lot 207/ Parcel 15

MA State

01936 Zip Code

B. Site Information

1. (Check one) New Construction Upgrade Repair

2. Published Soil Survey Available? Yes No

If yes: 2013 Year Published 1:20,000 Publication Scale Hab Soil Map Unit
Hinckley Soil Name N/A Soil limitations

3. Surficial Geological Report Available? Yes No
Glacial Outwash Landform
If yes: 2006 Year Published 1:250,000 Publication Scale Stratified deposit Soil Map Unit
Geologic Material

4. Flood Rate Insurance Map:

Above the 500 year flood boundary? Yes No Within the 100 year flood boundary? Yes No
Within the 500 year flood boundary? Yes No Within a Velocity Zone? Yes No

5. Wetland Area: National Wetland Inventory Map N/A Map Unit N/A Name
Wetlands Conservancy Program Map N/A Map Unit N/A Name



Commonwealth of Massachusetts
City/Town of Hamilton
Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

6. Current Water Resource Conditions (USGS) July 2014 _____ Range: Above Normal Normal Below Normal
7. Other references reviewed: Aerial Photo's _____

C. On-Site Review (*minimum of two holes required at every proposed primary and reserved disposal area*)

Deep Observation Hole Number: 1

07-30-14

Date

Sunny 70°

Time

Weather

1. Location

Ground Elevation at Surface of Hole 57'

Location (Identify on Plan) _____

2. Land Use: Field
(e.g. woodland, agricultural field, vacant lot, etc.)

Grass

Outwash Plain

Landform

N/A

Surface Stones

TS

Position on landscape (attach sheet)

0-3 Slope (%)

3. Distances from: Open Water Body ≥ 200' feet Drainage Way ≥ 200' feet Possible Wet Area ≥ 100' feet

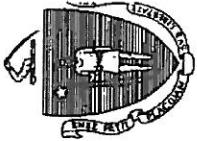
Property Line ≥ 25' feet Drinking Water Well ≥ 200' feet Other _____

4. Parent Material: Glacial outwash

Unsuitable Materials Present: Yes No

If Yes: Disturbed Soil Fill Material Impervious Layer(s) Weathered/Fractured Rock Bedrock

5. Groundwater Observed: Yes No
If Yes: Depth Weeping from Pit _____ Depth Standing Water in Hole N/A



**Commonwealth of Massachusetts
City/Town of Hamilton**

Form 11 - Soil Suitability /

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

Estimated Depth to High Groundwater

$>103''$ 48.4' elevation
Inches

Deep Observation Hole Number: 1

Additional Notes



Commonwealth of Massachusetts
City/Town of Hamilton
Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

D. Determination of High Groundwater Elevation

1. Method used:
 - Depth observed standing water in observation hole A. _____ inches B. _____ inches
 - Depth weeping from side of observation hole A. _____ inches B. _____ inches
 - Depth to soil redoximorphic features (mottles) A. None obs. B. _____ inches
 - Groundwater adjustment (USGS methodology) A. _____ inches B. _____ inches

2. Index Well Number _____ Reading Date _____ Index Well Level _____
Adjustment Factor _____ Adjusted Groundwater Level _____

E. Depth of Pervious Material

1. Depth of Naturally Occurring Pervious Material

- a. Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? Yes No
- b. If yes, at what depth was it observed? Upper boundary: 17" _____ inches Lower boundary: 103" _____ inches

F. Certification

I certify that I am currently approved by the Department of Environmental Protection pursuant to 310 CMR 15.017 to conduct soil evaluations and that the above analysis has been performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017. I further certify that the results of my soil evaluation, as indicated in the attached Soil Evaluation Form, are accurate and in accordance with 310 CMR 15.100 through 15.107.

Signature of Soil Evaluator

Christian O. Smith, PE

Typed or Printed Name of Soil Evaluator

Name of Board of Health Witness

07-30-14

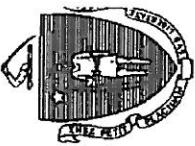
Date

October 2005

*Date of Soil Evaluator Exam

Hamilton, MA

Board of Health



**Commonwealth of Massachusetts
City/Town of Hamilton
Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal**

Note: In accordance with 310 CMR 15.018(2) this form must be submitted to the approving authority within 60 days of the date of field testing, and to the designer and the property owner with Perculation Test Form 12.

Use this sheet for field diagrams:



**Commonwealth of Massachusetts
City/Town of Hamilton
Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal**

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A. Facility Information

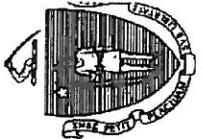
1. Facility Information

Town of Hamilton
Owner Name _____
Street Address _____
Hamilton _____
City/Town _____

Map/Lot _____ 207/ Parcel 15
MA _____ 01936
State _____ Zip Code _____

B. Site Information

1. (Check one) New Construction Upgrade Repair
2. Published Soil Survey available? Yes No
If yes: 2013 Year Published _____ 1:20,000 Publication Scale _____ Hab _____
Soil Map Unit _____
3. Surficial Geological Report available? Yes No
If yes: 2006 Year Published _____ 1:250,000 Publication Scale _____ Stratified deposit _____
Map Unit _____
Glacial Outwash _____
Outwash Plain _____
Landform _____
Geologic Material _____
4. Flood Rate Insurance Map:
Above the 500 year flood boundary? Yes No Within the 100 year flood boundary? Yes No X
Within the 500 year flood boundary? Yes No Within a Velocity Zone? Yes No X
5. Wetland Area: National Wetland Inventory Map _____ N/A _____ Name _____
Wetlands Conservancy Program Map _____ N/A _____ Name _____
Map Unit _____ Name _____



Commonwealth of Massachusetts
City/Town of Hamilton
Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

6. Current Water Resource Conditions (USGS) July, 2014 _____ Range: Above Normal Normal Below Normal
Month/Year
7. Other references reviewed: Aerial Photo's _____

C. On-Site Review (minimum of two holes required at every proposed primary and reserved disposal area)

Deep Observation Hole Number: 1A

07-30-14 _____ Date 10:45 am _____ Time

1. Location

Ground Elevation at Surface of Hole 57' _____

Location (Identify on Plan) _____

2. Land Use:	<u>Field</u> (e.g. woodland, agricultural field, vacant lot, etc.)	<u>N/A</u> Surface Stones	<u>0-3</u> Slope (%)	
		<u>Outwash Plain</u> Landform	<u>TS</u> Position on landscape (attach sheet)	
3.	Distances from:	Open Water Body <u>≥ 200'</u> feet	Drainage Way <u>≥ 200'</u> feet	Possible Wet Area <u>≥ 100'</u> feet
	Property Line	<u>≥ 25'</u> feet	Drinking Water Well <u>≥ 200'</u> feet	Other _____

Grass
Vegetation

Sunny 74° _____ Weather

4. Parent Material: Glacial outwash _____
If Yes: Disturbed Soil Fill Material Impervious Layer(s) Weathered/Fractured Rock Bedrock

5. Groundwater Observed: Yes No
If Yes: Depth Weeping from Pit _____ Depth Standing Water in Hole N/A _____



**Commonwealth of Massachusetts
City/Town of Hamilton
Form 11 - Soil Suitability /**

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

Estimated Depth to High Groundwater

>101" 48.6' Elevation
Inches

Deep Observation Hole Number: 1A

Additional Notes



Commonwealth of Massachusetts
City/Town of Hamilton
Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

D. Determination of High Groundwater Elevation

1. Method used:
 - Depth observed standing water in observation hole A. inches B. inches
 - Depth weeping from side of observation hole A. inches B. inches
 - Depth to soil redoximorphic features (mottles)
 - Groundwater adjustment (USGS methodology) A. inches B. inches

2. Index Well Number _____ Reading Date _____ Index Well Level _____

Adjustment Factor _____ Adjusted Groundwater Level _____

E. Depth of Pervious Material

1. Depth of Naturally Occurring Pervious Material

- a. Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? Yes No
- b. If yes, at what depth was it observed? Upper boundary: 34" _____ inches Lower boundary: 101" _____ inches

F. Certification

I certify that I am currently approved by the Department of Environmental Protection pursuant to 310 CMR 15.017 to conduct soil evaluations and that the above analysis has been performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017. I further certify that the results of my soil evaluation, as indicated in the attached Soil Evaluation Form, are accurate and in accordance with 310 CMR 15.100 through 15.107.

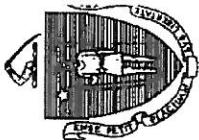
Signature of Soil Evaluator
Christian O. Smith, PE
Typed or Printed Name of Soil Evaluator

07-30-14

Date
October, 2005
*Date of Soil Evaluator Exam

Leslie Whelan
Name of Board of Health Witness

Hamilton, MA
Board of Health



**Commonwealth of Massachusetts
City/Town of Hamilton
Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal**

Note: In accordance with 310 CMR 15.018(2) this form must be submitted to the approving authority within 60 days of the date of field testing, and to the designer and the property owner with Percalation Test Form 12.

Use this sheet for field diagrams:



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City/Town of Hamilton
Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal**

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A. Facility Information

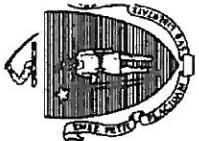
1. Facility Information

Town of Hamilton
Owner Name _____
650 Asbury Street
Street Address _____
Hamilton _____
City/Town _____

Map/Lot _____ 207/ Parcel 15
MA _____ 01936
State _____ Zip Code _____

B. Site Information

1. (Check one) New Construction Upgrade Repair
2. Published Soil Survey available? Yes X No _____ If yes: 2013 _____ Year Published 1:20,000 _____ Publication Scale HAB _____ Soil Map Unit _____
3. Surficial Geological Report available? Yes X No _____ If yes: 2006 _____ Year Published 1:250,000 _____ Publication Scale _____ Stratified deposit _____ Map Unit _____
4. Flood Rate Insurance Map:
Above the 500 year flood boundary? Yes No Within the 100 year flood boundary? Yes No X
Within the 500 year flood boundary? Yes No Within a Velocity Zone? Yes No X
5. Wetland Area: National Wetland Inventory Map _____ N/A _____ Name _____
Wetlands Conservancy Program Map _____ N/A _____ Name _____
Map Unit _____ Name _____



Commonwealth of Massachusetts
City/Town of Hamilton
Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

6. Current Water Resource Conditions (USGS) July, 2014 _____ Range: Above Normal Normal Below Normal
Monthly/year

7. Other references reviewed: Aerial Photo's _____

C. On-Site Review (minimum of two holes required at every proposed primary and reserved disposal area)

Deep Observation Hole Number: 2

Date 07-30-14 _____ Time 10:05 am _____
Weather Sunny 70° _____

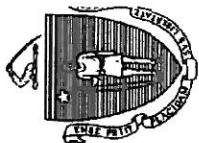
1. Location

Ground Elevation at Surface of Hole 56' _____

Location (Identify on Plan) _____

2. Land Use:	<u>Field</u> (e.g. woodland, agricultural field, vacant lot, etc.)	<u>N/A</u> Surface Stones	<u>0-3</u> Slope (%)
	<u>Outwash Plain</u> Landform	<u>TS</u> Position on landscape (attach sheet)	
	<u>Grass</u> Vegetation		
3. Distances from:	Open Water Body <u>≥ 200'</u> feet	Drainage Way <u>≥ 200'</u> feet	Possible Wet Area <u>≥ 100'</u> feet
Property Line	<u>≥ 25'</u> feet	Drinking Water Well <u>≥ 200'</u> feet	Other _____

4. Parent Material: Glacial outwash _____ Unsuitable Materials Present: Yes No
If Yes: Disturbed Soil Fill Material Impervious Layer(s) Weathered/Fractured Rock Bedrock
5. Groundwater Observed: Yes No
If Yes: Depth Weeping from Pit _____ Depth Standing Water in Hole N/A _____



**Commonwealth of Massachusetts
City/Town of Hamilton
Form 11 - Soil Suitability /**

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

Estimated Depth to High Groundwater:

$$\frac{44.75'}{\text{elevation}}$$

Deep Observation Hole Number: 2

Additional Notes



Commonwealth of Massachusetts
City/Town of Hamilton
Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

D. Determination of High Groundwater Elevation

1. Method used:
 Depth observed standing water in observation hole A. _____ inches
 Depth weeping from side of observation hole A. _____ inches B. _____ inches
 Depth to soil redoximorphic features (mottles) A. None obs. B. _____ inches
 Groundwater adjustment (USGS methodology) A. _____ inches B. _____ inches

2. Index Well Number _____ Reading Date _____ Index Well Level _____
Adjustment Factor _____ Adjusted Groundwater Level _____

E. Depth of Pervious Material

1. Depth of Naturally Occurring Pervious Material
 - a. Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? Yes No
 - b. If yes, at what depth was it observed? Upper boundary: 38" _____ inches Lower boundary: 135" _____ inches

F. Certification

I certify that I am currently approved by the Department of Environmental Protection pursuant to 310 CMR 15.017 to conduct soil evaluations and that the above analysis has been performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017. I further certify that the results of my soil evaluation, as indicated in the attached Soil Evaluation Form, are accurate and in accordance with 310 CMR 15.100 through 15.107.

Signature of Soil Evaluator
Christian Q. Smith, PE
Typed or Printed Name of Soil Evaluator

Date
07-30-14
Date of Soil Evaluator Exam

Leslie Whelan
Name of Board of Health Witness

Hamilton, MA
Board of Health



**Commonwealth of Massachusetts
City/Town of Hamilton
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Note: In accordance with 310 CMR 15.018(2) this form must be submitted to the approving authority within 60 days of the date of field testing, and to the designer and the property owner with Percolation Test Form 12.

Use this sheet for field diagrams: