## Town of Essex Inland Wetlands and Watercourses Commission

Revised 4/6/2022

| Application # 33-08 Date received by Office 5/3/33 Fee 130,00   |  |  |  |
|---|--|--|--|
| Owner of Record BARBARA A. SAMANTONIO   |  |  |  |
| Home Address 45 FALLS RIVER DR. IVURYTON, CT 06442  |  |  |  |
|   |  |  |  |
| Mailing Address: 50 me  Phone: Home/Cell 6-860-767-7900 Work: N/A   |  |  |  |
| Applicant's Name: SAME  |  |  |  |
| Home Address SAAE   |  |  |  |
| Mailing Address: SAME   |  |  |  |
| Phone: Home/Cell 5 A ME Work:   |  |  |  |
| Email: DANDRA 150 RRANTONIO 47 @ SMOIL. COM   |  |  |  |
| Applicant's interest in the land if the applicant is not the property owner   |  |  |  |
|   |  |  |  |
| Location of Property by Street & Village Address: 45 FMIS River DR. I very tore  Map 36 Lot 13-6 Lot Size 1.26 District Report Master-Family  |  |  |  |
| Check applicable activities occurring in or within 100 feet of wetlands and/or watercourses:  |  |  |  |
| Construction of a structure(s)  Other site development work  Deposition or removal of material  Stream altering/channelization  Subdivision/Resubdivision  Discharge  Pond creation/dredging  Tree removal  Dam maintenance  Other  |  |  |  |
| Nature of Request: Explain in detail the extent of any activity checked above, the type of material, and the equipment to be used to complete project. (Use additional sheets if necessary.)  Reglacement of AN OXISTING Sheet Which is Aggress mately 8 X 10, but Albittle langer bocknown of Jung Quives. The New Sheet will be 8 X 10 on the existing bocknown of Jung Quives. The New Sheet will be 8 X 10 on the existing at the existing produced to the existing produced to the supplementation of the existing produced to the replaced.  The existing sheet has significant but and needs to be replaced. |  |  |  |
| Estimated length of time for project: Shad will be promode 4 50 NO Signification  |  |  |  |
| Note:   |  |  |  |

- 1) TO BE ACCEPTED BY THE LAND USE OFFICE. THIS APPLICATION MUST BE COMPLÉTED, SIGNED, AND SUBMITTED WITH THE REQUIRED FEE(S) AND MAP(S) PREPARED IN ACCORDANCE WITH THE APPLICABLE REGULATIONS.
- 2) THE SUBMITTAL OF THIS APPLICATION CONSTITUTES THE PROPERTY OWNER'S PERMISSION FOR THE COMMISSION OR ITS STAFF TO ENTER THE PROPERTY FOR THE PURPOSE OF INSPECTION.
- 3) I HERBY AGREE TO PAY ALL ADDITIONAL FEES AND/OR ADDRESS SUCH COSTS DEEMED NECESSARY BY THE LAND USE OFFICE AS DESCRIBED IN PART THREE OF THIS APPLICATION.

| Explain what alternatives have been considered in connection with this application to avoid altering inland wetlands and/or watercourses?  |
|--|
| None - Any other location would have a new good worse impact   |
|  |
|  |
|  |
|  |
| ACTIVITY LOCATION (Map with sufficient detail must be submitted as a part of the application)  |
| Approximate number of acres of wetlands (or portion thereof) on the property: 3/4/Acres  |
| Approximate area of inland wetlands to be altered:   |
| Approximate length of watercourse(s) on the property: chock Ruas Along the cast sides  |
| Approximate length of watercourse(s) on the property: CROCK RURS Along the CAST Sides  Approximate length of watercourse(s) to be altered:  Note that the cast sides  Mill Para along the South Time to an alest  Majbe 300' to sell   |
| Approximate number of acres of upland review area on the property:   |
| Approximate area of upland review area to be altered:  |
| If known, are vernal pools or tidal wetlands located on the property? Crock Sometimes and while  |
| If yes, where and how many acres (or portion thereof) on the property!   |
| Canal accome take within my physical A small cration of the soul   |
| Is property located within a Special Flood Hazard Area?  |
| Is property located within a Special Flood Hazard Area? You will be within a S |
| Att school   |
| W W  |
| Has the property been flagged by a licensed soil scientist Not to my knowledge   |
| Has the property been magged by a neemed som scientist   |
| If yes, by who, and when?  |
| Will there be water discharge into wetlands?   |
| will there be water discharge into wettands.   |
| Discharge – Specify Type   |
| Discharge Speed 1) po  |
| Please complete the attached State Reporting Form  |
|  |

ADDITIONAL INFORMATION MAY BE REQUIRED DEPENDING UPON THE COMPLEXITY OF THE PROJECT.

# State the names of all property owners adjacent to the subject property:

| Name of Adjacent Prop  | erty Owner   | Street Address (include N  | Iailing Address if Different   |
|--|--|--|--|
| See pi   | Trached list   |  | si .   |
| 2  |  | 8  | 8 0  |
|  |  | 9  |  |
|  |  |  |  |
| For large properties, p  | lease attach another sh  | neet if necessary.   |  |
| 9  |  |  |  |
|  |  |  |  |
| 9  |  | a a  |  |
| CERTIFICATION:   |  |  |  |
| documents required by to<br>contained herein and in a<br>is granted to the Town of | the Commission have be all supporting document of Essex Inland Wetlands erform those tests necess l. | s according to the best of his/her and Watercourses Commission ary to property review the application.  Date | when all information and varrants the truth of all statements knowledge and belief. Permission and its agent(s) to walk the land, a ation, both before and after a final |
|  |  |  |  |
| Commission Action  | Approved   | Denied   | Date   |
| Agent Action   |  |  | * ** ** ** ** ** ** ** ** ** ** ** ** *  |
|  | Approved   | Denied   | Date   |



FORM COMPLETED: YES NO

| GIS CODE #: |  |
|-------------|--|
|-------------|--|

79 Elm Street • Hartford, CT 06106-5127

www.ct.gov/deep

Affirmative Action/Equal Opportunity Employer

# Statewide Inland Wetlands & Watercourses Activity Reporting Form

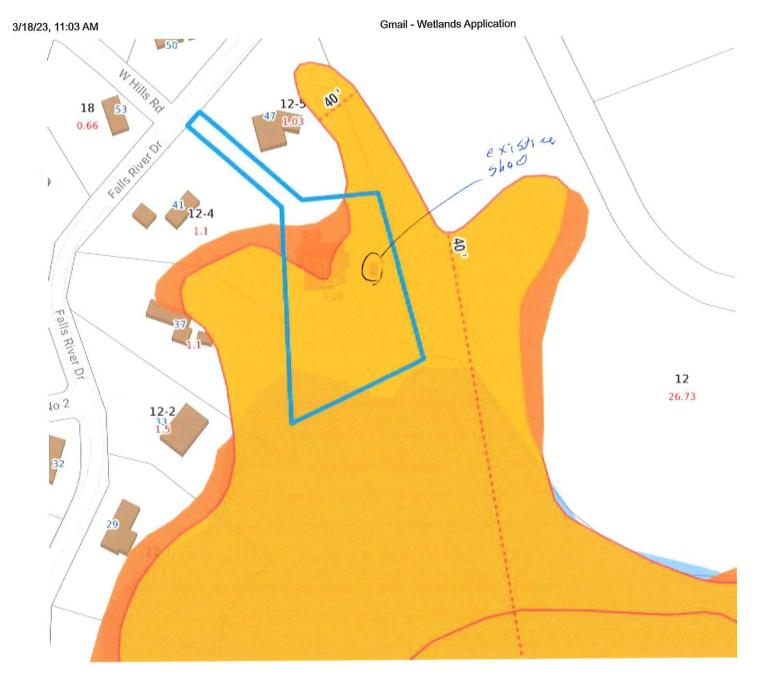
Please complete this form in accordance with the instructions on pages 2 and 3 and mail to:

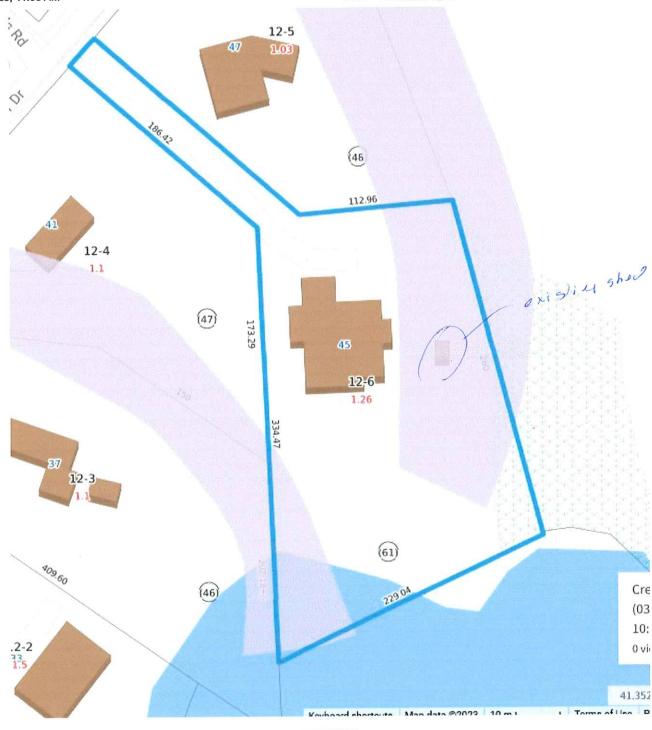
DEEP Land & Water Resources Division, Inland Wetlands Management Program, 79 Elm Street, 3<sup>rd</sup> Floor, Hartford, CT 06106

Incomplete or incomprehensible forms will be mailed back to the inland wetlands agency.

|     | Incomplete or incomprehensible forms will be mailed back to the inland wetlands agency.                              |
|-----|--|
|     | PART I: Must Be Completed By The Inland Wetlands Agency  |
| 1.  | DATE ACTION WAS TAKEN: year: month:  |
| 2.  | ACTION TAKEN (see instructions - one code only):   |
| 3.  | WAS A PUBLIC HEARING HELD (check one)? yes ☐ no ☐  |
| 4.  | NAME OF AGENCY OFFICIAL VERIFYING AND COMPLETING THIS FORM:  |
|     | (print name) (signature)   |
|     |  |
|     | PART II: To Be Completed By The Inland Wetlands Agency Or The Applicant  |
| 5.  | TOWN IN WHICH THE ACTIVITY IS OCCURRING (print name): Tvoryton - Essex   |
|     | does this project cross municipal boundaries (check one)? yes \( \square\) no \( \square\)                           |
|     | if yes, list the other town(s) in which the activity is occurring (print name(s)):                                   |
| 6.  | LOCATION (see instructions for information): USGS quad name:   |
|     | subregional drainage basin number: 4019-00   |
| 7.  | NAME OF APPLICANT, VIOLATOR OR PETITIONER (print name):  |
| 8.  | NAME & ADDRESS OF ACTIVITY / PROJECT SITE (print information): 45 Falls River Dr.                                    |
|     | briefly describe the action/project/activity (check and print information): temporary permanent description:         |
|     | replacement of 10' × 12' shed and reuse of existing concrete pad   |
|     | ACTIVITY PURPOSE CODE (see instructions - one code only):  |
|     | ACTIVITY I'IL CODE(O) (acc mandations for accos).  |
| 11. | WETLAND / WATERCOURSE AREA ALTERED (see instructions for explanation, must provide acres or linear feet):  Wetlands: |
|     | wellandsacres open water body  |
|     | , UPLAND AREA ALTERED (must provide acres): acres  |
| 13. | . AREA OF WETLANDS / WATERCOURSES RESTORED, ENHANCED OR CREATED (must provide acres): acres                          |
|     | DATE DETUDIED TO DEED.   |
| D/  | ATE RECEIVED: PART III: To Be Completed By The DEEP DATE RETURNED TO DEEP:   |
|     |  |

FORM CORRECTED / COMPLETED: YES NO





**45 Falls River Dr.pdf** 135K



## **Property Information**

Property ID 36 12-6 Location 45 FALLS RIVER DR

SARRANTONIO BARBARA A

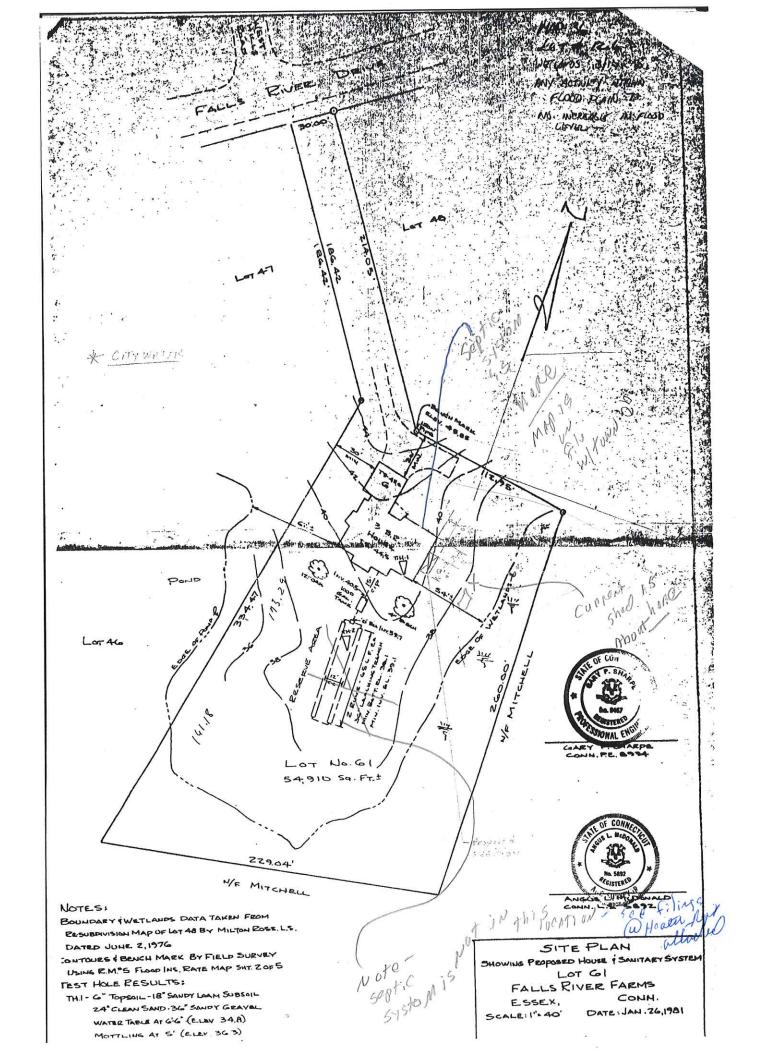


# MAP FOR REFERENCE ONLY NOT A LEGAL DOCUMENT

Town of Essex, CT makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated 4/13/2021 Data updated daily

Print map scale is approximate.
Critical layout or measurement activities should not be done using this resource.



|     | FOR | OFFICE<br>Lot Ø | USE O | NLY      |                     |              |
|-----|-----|-----------------|-------|----------|---------------------|--------------|
| wap | 30  | _ rot <u>@</u>  | 12 0  | 2 IV III | 2 - N A / 1 / 1 / 1 | <br>Print 41 |

# **RECORD OF SEPTIC TANK CLEANING**

| PROPERTY INFORMATION Date of Pumpout:  45 Falls River Dr.   | Town: Tvoryton Owner Name: Edward Marlow   |
|---|--|
| Residential   Multifamily   Commerci  |  |
| PUMPER INFORMATION Monoflo Company Name:  | Driver Name: Lim Cerille   |
| PUMPOUT INFORMATION Reason for Pumpout:  Repair  Property Transfer  | Structures Serviced: Tank  Dry Well  Cesspool  |
| □ Filter Clogged  Tank Level Before Pumpout: □ High □ Low   | ☐ Grease Trap  Estimated Tank Size: 1000 Gal.  Gallons Pumped: 1000                              |
| Outlet Baffle: Normal   | Outlet Filter: □ Yes   |
| □ Needs Repair Inlet Baffle: OK □ Needs Repair Observations: □ Effluent Runback □ Surface Breakout □ Other:         | Cleaned Riser Needed?  |
| SHOW APPROXIMATE LOCATION OF ALL STRUCTURES PUMPED. OR TWO PERMANENT IDENTIFIABLE POINTS. LABEL FRONT OF B ROADWAY. | GIVE SWING TIE MEASUREMENTS FROM BUILDING CORNERS UILDING AND SHOW LOCATION OF CLOSEST STREET OR |
| Front of Hoose  |  |
| AC=1314"<br>BC=30"in  |  |
| BC = 30"in.  Depth 16"in.   | Sarage   |
|   |  |
| Driveway  |  |

DISCLAIMER: This document is a record that the septic tank was pumped on this date, and of the pumper's observations on this date, but is not an official inspection report on the subsurface sewage disposal system serving the premises.

Septic System Plan for : Denis Reilly, Falls River RJ installer: Clifford Rhodes #002303

(9-8-1981) Permit # 5453 (3 BR house) House foundation wall 1,000 gal. Tank

Property line

156 LF ib 3 Ht wide stone/pipe transmes.

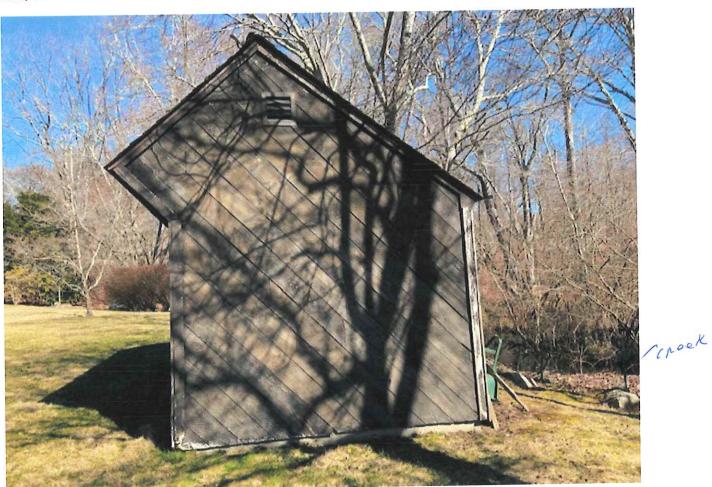
3/21/23, 1:45 PM IMG\_2015.jpg



Existing Shee

-chock

IMG\_2016.jpg





HALLORAN ROBERT J JR & THELMA RANEY 41 FALLS RIVER DR IVORYTON, CT 06442 MITCHEL-FOSTER ASSOCIATES LLC 1 ESSEX PLAZA ESSEX, CT 06426 COLLINS DAVID E JR & SHERRILL COOKE 47 FALLS RIVER DR IVORYTON, CT 06442

HORN LORI KARSKY & DOUGLAS T P.O. BOX 701867 SAN ANTONIO, TX 78270-1867



Date

5/2/2023

Name

**Barbara Sarrantonio** 

Address

45 Falls River Drive, Ivoryton, CT 06442

Phone

860-559-8475

Email

barbara.sarrantonio47@gmail.com

Estimate #

SF-SARR-050223-2

## 8x10 Cape

SmartSide Panel Siding with MiraTec Trim (Dark Brown)
Lower 12" of shed to be trimed in Azek Splash Board (see drawing)
30-Year Architectural Shingles (Hickory)
Double Wood Door with Transom (Dark Brown) with Standard Hinges
Arched Gable Vents
No Floor - to be attached to existing concrete pad
Pressure Treated Wall Framing
Diamond Plate at Thresholds
5/12 Roof Pitch; Small Overhangs
6'9.5" Wall Height
4'x8' Loft
2 - 4'x1' Shelves

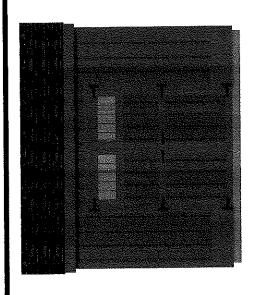
| Price of Shed:<br>Installation: | •  | 6,129.83<br>300.00 |
|---------------------------------|----|--------------------|
| Sales Tax:                      | \$ | 389.24             |
| Total:                          | \$ | 6,819.07           |

Salesperson:

Sue

<sup>\*</sup>Price guaranteed for 10 days

<sup>\*</sup>Delivery fees might vary based on site conditions; if the placing of the shed on the pad is delayed upon arrival because the pad is not correct or the path is not cleared, additional waiting time will be billed at \$75/hr per man, or the crew will decide if delivery will be rescheduled.

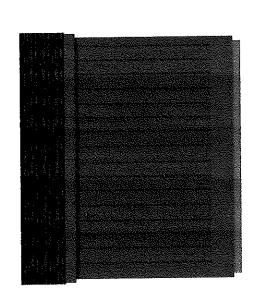


# FRONT ELEVATION

LEFT ELEYATION

SCALE: 1/4" = 1'-0"

SCALE: 1/4" = 1'-0"



# REAR ELEYATION

RIGHT ELEVATION

SCALE: 1/4" = 1'-0"

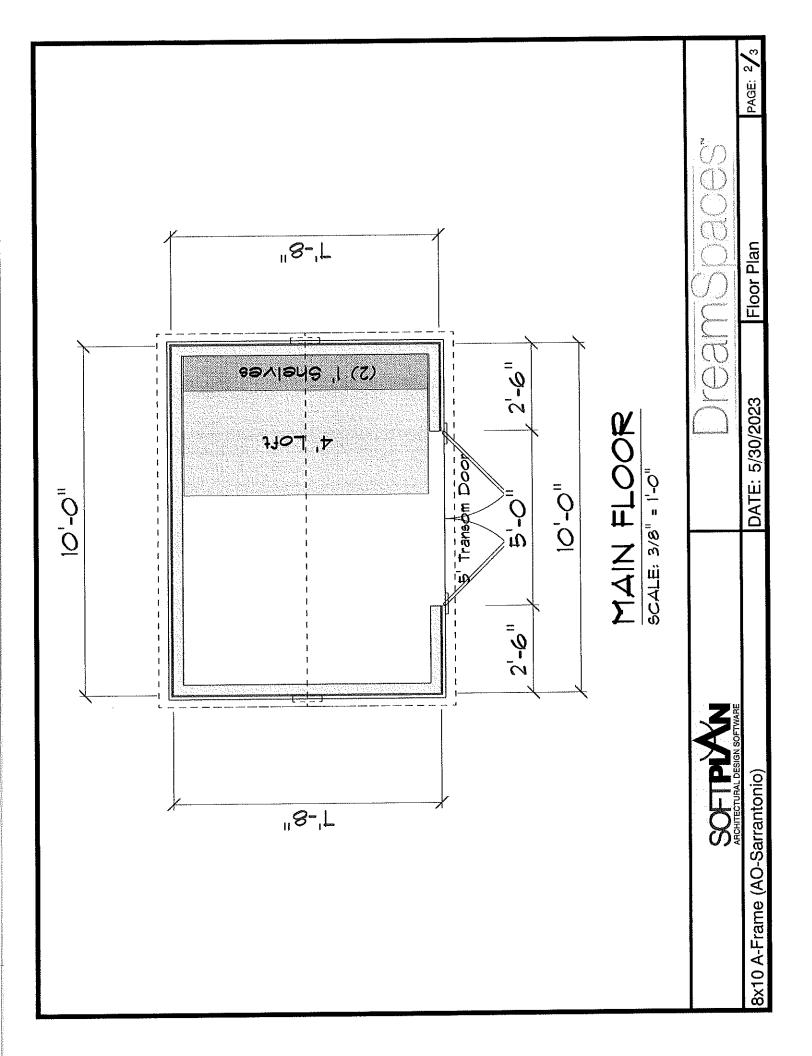
SCALE: 1/4" = 1'-0"

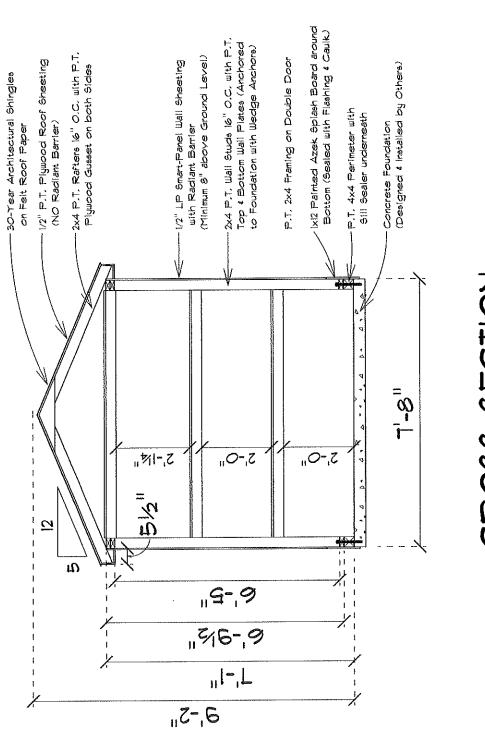


8x10 A-Frame (AO-Sarrantonio)

DATE: 5/30/2023

Elevation Drawings





# CROSS SECTION

SCALE: 3/8" = 1'-0"

8x10 A-Frame (AO-Sarrantonio)

DATE: 5/30/2023

**Cross Section** 

PAGE: 3/3