

Administrative

## UTILITY MAINTENANCE ACTIVITY STATUTORY PERMIT-BY-NOTIFICATION (SPN) Water Division/Land Resources Management Wetlands Bureau



SPN complete and project as described conforms with

all applicable requirements.

Check the Status of your Notification

RSA/Rule: RSA 482-A / Env-Wt 308.04(d); Env-Wt 521 NAME OF UTILITY PROVIDER: Eversource Energy

Administrative Use 20	Administrative Use Use Only	SPN incomplete and/or project as described does not conform with all applicable requirements.				
, / Ploth		File No.: 2020-03205	Reviewer's Initials: 14D			
		Check No. 275821	Amount: \$400.00			
Terms in <b>bold font</b> are defined in the attached "Definition of Terms" page.						
SECTION 1 - PROJECT CRITERIA						
a. Does the project meet all applicable Best Management Practices for Utility Maintenance  (Utility BMPs) and have temporary impacts associated with inspection, maintenance, repair, replacement, or removal of existing utility facilities only within existing rights-of-way (Env-Wt 521.06(a)(1))?  b. If there will be impacts to any Priority Resource Area (PRA), other than designated prime wetlands and their duly-established 100-foot buffers, will the project follow  recommendations provided by Natural Heritage Bureau (NHB), New Hampshire Fish and Game  N/A						
Department (NHF&G), and the Department (Env-Wt 521.06(a)(4))?  If you answered "No" to question 1a and/or 1b, you cannot use this form and must file a Standard Permit Application (RSA 482-A:3, XV). If you answered "Yes" to question 1a and 1b, proceed to question 1c.						
c. Will the project include establishing new access roads, installing permanent stream or <b>wetland</b> crossings, constructing new utility corridors or rights of way (ROW), or establishing new utility assets within existing corridors or rights of way (Env-Wt 521.06(a)(2))?						
d. Will the project include any permanent fill in navigable waters (Env-Wt 521.06(a)(3))?  E. Will timber mats be:  1. Used in a tidal marsh; or  2. Used in an area other than a tidal marsh if they are:						
<ul><li>Not necessary to cond</li><li>Not removed as soon</li></ul>	uct activities; as work is completed; or ne growing season (Env-Wt		Yes No			
emergent or scrub-snrub w	<b>retlands</b> with or without ter	han 3,000 SF of forested <b>wetlands</b> mporary fill (Env-Wt 521.06(a)(6))?	Yes 🔀 No			
If you answered "Yes" to questions 1c, d, e, and/or f, you cannot use this form and must file a <u>Standard Permit</u> <u>Application</u> (RSA 482-A:3, XV). If you answered "No" to all of the questions 1c-1f, continue to Section 2.						

SECTION 2 - PROPOSED PROJECT DESCRIPTION (RSA 482-A:3, XV(b)(2))  Please provide a brief written description of the nature of the work to be	conducted.	
In order to maintain the safety and reliability of Eversource's electric tran includes cyclical brush maintenance of non-compliant woody vegetation of Maintenance tree trimming along the utility right-of-way corridor include bucket vehicle.	with track-mou	nted mowing equipment
SECTION 3 - LOCATION OF PROPOSED ACTIVITY (RSA 482-A:3, XV(b)(3))		
Town/City: Lancaster		
SECTION 4 - PROJECT TYPE (RSA 482-A:3, XV(b)(2)) Check all that apply:		
Equipment repair and maintenance in ROW	Natural Gas Lines	
Overhead Electric Lines	Water Supply Lines	
Overhead Telephone or Cable Lines	Sewer Lines	
▼ Vegetative maintenance within ROW	Other:	
(If access through private property is needed to reach the ROW, permission from the landowner(s) is required prior to conducting work.)		
SECTION 5 - UTILITY PROVIDER (RSA 482-A:3, XV(b)(1))		
UTILITY PROVIDER/COMPANY NAME: Eversource Energy		
AUTHORIZED REPRESENTATIVE LAST NAME, FIRST NAME, M.I.: Meyer, Jare	ed	
MAILING ADDRESS: 13 Legends Drive		
TOWN/CITY: Hooksett	STATE: NH	ZIP CODE: 03106
SECTION 6 - IMPACTED RESOURCES (RSA 482-A:3, XV(b)(2)) Check all that apply.		
Temporary Non- <b>Tidal Wetland</b>		
Temporary Intermittent Stream Crossing		
Temporary (2-years maximum) Perennial Stream or River Crossing		
SECTION 7 - ATTACHMENTS (RSA 482-A:3, XV)) Verify the following attachments are submitted with this form by checking	each box belov	v.
United States Geological Survey (USGS) Topographic Map (at its origin project location(s) or utility corridor clearly identified (RSA 482-A:3, XV(	al scale 1:24,00 b)(3)).	00 or 1:25,000) with the

Irm@des.nh.gov or (603) 271-2147
NHDES Wetlands Bureau, 29 Hazen Drive, PO Box 95, Concord, NH 03302-0095
www.des.nh.gov

2020-05

The most recent National Wetland Inventory (NWI) map, <b>USGS topographic map</b> , or annotated aerial photograph showing wetland types crossed. See NHDES Wetland Permit Planning Tool (Env-Wt 406.03(b)(2)c.(5)).					
\$400 non-refundable filing fee per town, per year. Please make check or money order payable to: Treasurer - State of NH (RSA 482-A:3, XV(d)).					
The <b>DataCheck</b> identification number and an affirmation that recommendations have been received (Env-Wt 308.05(a)(2)).					
Natural Heritage Bureau Identification ID: NHB <u>20</u> - <u>149</u>					
Questio	ns related to completing this process sho	ould be directed to the Natural Heritage Bureau.			
SECTION 8	REQUIRED CERTIFICATIONS FROM AU	THORIZED UTILITY PROVIDER REPRESENTATIVE			
By initialing each item and signing this application, the authorized representative affirms that (Env-Wt 308.05(b)(2)):					
Initials: JM	The project is not located in a PRA, except as provided in Env-Wt 407 and Env-Wt 521 where the applicant has met with the resource agencies (NHB, NHF&G, and NHDES) in a pre-notice meeting.				
Initials: JM					
Initials: JM	The periodic for the detivity is aware of the limits of the 5FN and applicable bivips for the				
By initialing each item and signing this application, the authorized representative certifies that (Env-Wt 311.11(e)):					
Initials: JM	The information submitted on or within this notification is true, complete, and not misleading to the best of the signer's knowledge and belief. And				
Initials: JM	and a serial a deciding scientist, needsed surveyor, or professional engineer				
SECTION 9 - REQUIRED SIGNATURE FROM AUTHORIZED UTILITY PROVIDER REPRESENTATIVE					
AUTHORIZED REPRESENTATIVE SIGNATURE:		PRINT NAME LEGIBLY:	DATE:		
	Jared M. Meyer	Jared Meyer	12/21/2020		
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