



Inland Water Resources Division
Department of Environmental Protection
79 Elm Street, 3rd Floor
Hartford, CT 06106-5127
www.ct.gov/dep

GIS CODE #: _____
For DEP Use Only

FD#2
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JAN 28 2026

Land Use Department

Statewide Inland Wetlands & Watercourses Activity Reporting Form

Complete, print, sign, and mail this form in accordance with the instructions on pages 2 and 3.

PART I: To Be Completed By The Municipal Inland Wetlands Agency Only

1. DATE ACTION WAS TAKEN (use drop-down box): Year Month
2. ACTION TAKEN (use drop-down box):
3. WAS A PUBLIC HEARING HELD? (select one only) Yes No
4. NAME OF AGENCY OFFICIAL VERIFYING AND COMPLETING THIS FORM:
(print): (signature) _____

PART II: To Be Completed By The Municipal Inland Wetlands Agency Or The Applicant

5. TOWN IN WHICH THE ACTION IS OCCURRING: *Locust*
- Does this project cross municipal boundaries? (select one only) Yes No
- If Yes, list the other town(s) in which the action is occurring:
6. LOCATION: USGS Quad Map Name (see hyperlink): *UNCKSVILLE, Conn*
Quad Number (see hyperlink): *303*
Subregional Drainage Basin Number (see hyperlink):
7. NAME OF APPLICANT, VIOLATOR OR PETITIONER: *DAVID HOLSMIRE*
8. NAME & ADDRESS/LOCATION OF PROJECT SITE: *31 Birch Hill Rd*

Briefly describe the action/project/activity: Temporary Permanent

9. ACTIVITY PURPOSE CODE (Use drop-down box): *A*
10. ACTIVITY TYPE CODE(S) (Use drop-down box): *1, 9, 12*
11. WETLAND / WATERCOURSE AREA ALTERED [must be provided in acres or linear feet as indicated]:
Wetlands: *0.08* acres Open Water Body: acres Stream: linear feet
12. UPLAND REVIEW AREA ALTERED [must be provided in acres]: *0.35* acres
13. AREA OF WETLANDS AND / OR WATERCOURSES RESTORED, ENHANCED OR CREATED: *0* acres
[must be provided in acres]

PART III: To Be Completed By The DEP

DATE RECEIVED:

FORM COMPLETED: YES NO

DATE RETURNED TO DEP:

FORM CORRECTED / COMPLETED: YES NO