

EXP 10/21/2024

PERMIT NO.
24903



CITY OF NEW BEDFORD
SEWER AND/OR STORM DRAIN PERMIT

DATE 10/21/2020

This certifies that permission is granted to

1. John Cabral 1005 Prairie Ave Tel 508-998-1240
Property Owner Address

To connect a sewer and/or storm drain located at 1005 Prairie Ave
Assessor's Plot 134 Lot 48, to the sewer and/or storm drain in Prairie Ave Street

To be laid in accordance with the conditions in this application and the City of New Bedford ordinances.
TYPE OF USE: RESIDENTIAL COMMERCIAL INDUSTRIAL FLOW G.P.D.

If applicant other than actual property owner, attach Letter of Authorization from Property Owner
Name JLC Construction Tel 774-263-2197
Mailing Address JLC 445 Cobblestone St
The Bonded Contractor/Drain Layer authorized to perform this work is:

Name JLC Address 3D R 35 Tel
Type of Pipe Required:

PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE

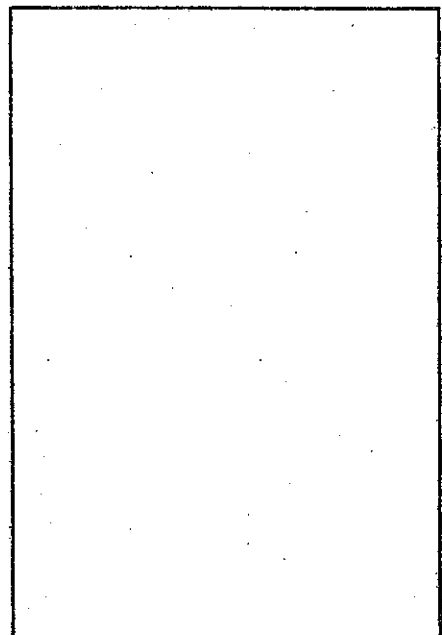
- Requires separate connections for sewage and storm drain where applicable. Storm water cannot be discharged to a sanitary sewer.
 - All work must be inspected and approved by a D.P.I. inspector before backfilling.
 - If this connection is to be part of a private service shared jointly with other building owners, attach copy of Recorded Joint Maintenance Agreement.
 - Permits can be issued to Industrial and/or Commercial Applicants only upon receipt and approval by the Commissioner of Public Infrastructure of required plans and supplemental information.
 - In addition, a City-issued Industrial User Discharge Permit and/or a Sewer Extension/Connection Permit issued by the Commonwealth of Massachusetts D.E.P. shall be required by the City for Industrial Discharge into the sewer system.
- Industrial User Discharge Permit No. Date

Comm. Mass. Sewer Conn./Ext. Permit No. 20-07 Date 10/16/2020
A Filing and Inspection Fee of \$ plus an Entrance Fee of \$ where applicable, must accompany this application.
Bank# Bank of America Check# 2571 Date 10/22/20 Receipt#
Other requirements: NO Charge for Manual Sign
Plus -> 5th carbon for Manual Sign
Fee \$ 1081.31
Connection made to Sewer YES (NO)
Storm Drain Part of jointly-shared private line

Applicant agrees to abide by the above terms, as well as all pertinent ordinances of the City of New Bedford, and such other special rules as the Commissioner of Public Infrastructure and/or City Engineer may deem necessary
City Engineer Signature of Property Owner or Representative

Inspector's Report

INSPECTED BY:
DATE:
COMMENTS:
APPROVED DISAPPROVED
SIGNATURE



SKETCH PLAN

No. 26-67

FEE 60

COMMONWEALTH OF MASSACHUSETTS
Board of Health, New Bedford, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct () Repair () Upgrade () Abandon ☒ Complete System ☐ Individual Components

Location <u>1005 Prairie Ave</u>	Owner's Name <u>John Cabral</u>
Map/Parcel#	Address <u>1005 Prairie Ave</u>
Lot#	Telephone#
Installer's Name <u>JLC Construction</u>	Designer's Name
Address <u>415 Lake Rd Tiverton, RI 02878</u>	Address
Telephone# <u>434-263-2197</u>	Telephone#

Type of Building _____ Lot Size _____ sq. ft.
Dwelling - No. of Bedrooms _____ Garbage grinder ()
Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
Other Fixtures _____
Design Flow (min. required) _____ gpd Calculated design flow _____ Design flow provided _____ gpd
Plan: Date _____ Number of sheets _____ Revision Date _____
Title _____
Description of Soil(s) _____
Soil Evaluator Form No. _____ Name of Soil Evaluator _____ Date of Evaluation _____

DESCRIPTION OF REPAIRS OR ALTERATIONS Abandon septic system and connect to city sewer

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed [Signature] Date 9-30-20

Inspections _____

No. 26-07

FEE 60

COMMONWEALTH OF MASSACHUSETTS
Board of Health, New Bedford, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: ☐ Individual Component(s) ☐ Complete System

The undersigned hereby certify that the Sewage Disposal System: Constructed (), Repaired (), Upgraded (), Abandoned ☒
by: _____

at _____
has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. _____, dated _____, Approved Design Flow _____ (gpd)

Installer _____

Designer: _____ Inspector: _____ Date: _____

The issuance of this permit shall not be construed as a guarantee that the system will function as designed.

JOHN M CABRAL OR
ANA MARIA CABRAL
1005 PRAIRIE AVE
NEW BEDFORD MA 02745-3914

257

53-13/110 MA
26739

10-6-2020
Date

Pay to the
Order of City of NEW BEDFORD \$ 1,081.13

One Thousand eighty one $\frac{13}{100}$

Dollars



BANK OF AMERICA

ACH R/T 011000138

For Sewer # 24903:

Ana Maria Cabral

⑆01⑆000138⑆ 009452991547⑆0257

No. 20-07

FEE 60

COMMONWEALTH OF MASSACHUSETTS
Board of Health, New Bedford, MA.
CERTIFICATE OF COMPLIANCE

Description of Work: ☐ Individual Component(s) ☐ Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed (), Repaired (), Upgraded (), Abandoned (✓)

by: _____

at _____

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. _____, dated _____, Approved Design Flow _____ (gpd)

Installer: _____

Designer: _____ Inspector: _____ Date: _____

The issuance of this permit shall not be construed as a guarantee that the system will function as designed.

No. 20-07

FEE 60

COMMONWEALTH OF MASSACHUSETTS
Board of Health, New Bedford, MA.
DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct () Repair () Upgrade () Abandon (✓) an individual sewage disposal system at 1005 Prairie Ave New Bedford - MA as described in the application for

Disposal System Construction Permit No. 20-07, dated 9-30-20.

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.


Form 1255 Rev. 5/96 A.M. Sullivan Co. Boston, MA

Date 10/6/2020 Board of Health Phil A. Joseph

Erin M. Iacoponi

From: Sarah Porter
Sent: Wednesday, October 21, 2020 11:06 AM
To: Erin M. Iacoponi
Subject: RE: 1005 Prairie Ave

Yes that is OK,
Thank you



Sarah Porter
Conservation Agent
City of New Bedford
133 William Street, Room 104, New Bedford, MA 02740
508.991-6188 | email: Sarah.Porter@newbedford-ma.gov

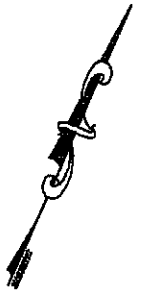
From: Erin M. Iacoponi <Elacoponi@newbedford-ma.gov>
Sent: Wednesday, October 21, 2020 9:44 AM
To: Sarah Porter <SARAH@newbedford-ma.gov>
Subject: 1005 Prairie Ave

Good Morning Sarah,

I have the Owner of 1005 Prairie Ave requesting to tie-in to sewer. Would this be okay?

Thanks,


Erin Iacoponi
Financial Assistant I
City of New Bedford | DPI
1105 Shawmut Ave, New Bedford, MA 02746
508.979.1550 | email: erin.iacoponi@newbedford-ma.gov



ACUSHNET AVE

#1005

8" SEWER

6" SEWER

NEW SMH

6" SEWER

PRAIRIE AVE

#1024

Sewer Permit #23626
11/1/2004
1081.31+150

#1030

Sewer Permit #23619
10/29/04
1081.31+150

1081.31
150 (Permit)
1231.31
+ 300.08 (Permit)
1531.39

PRAIRIE AVE FORCE MAIN AS-BUILT PLAN

DRAWN BY: DPI CITY OF NEW BEDFORD

DATE: 7-02-04

SCALE: 1"=40'

10/2/04

