Permit # 06-2021

Dig Safe # _____

Date Issued: December 22, 2020

APPLICATION / AGREEMENT

For DISTURBANCE PERMIT within the City of New Bedford

This permit shall be posted at the work site, and shall remain until the work is completed. It is subject to inspection at all times.

TO THE MAYOR AND CITY COUNCIL: ___√___ DISTURBANCE PERMIT

Permission is herby requested to excavate the surface of: ___√___ City Property

Location of work: MacArthur Drive

Substantially as per plan annexed, for the purpose of: Monitor Wells (SEE PLAN)

Work will begin (weather permitting) on: January 14, 2021

Work will end (weather permitting) on: April 14, 2021

Applicant Name: Pete Newsham 978-422-0005

Company Name: Technical Drilling Co.

Excavator(s) Name: MARK ZORK

Hoisting Equipment License Number: HE-006879

Grade: HE-4B Expiration Date: 7-19-21

Contact Name: _____

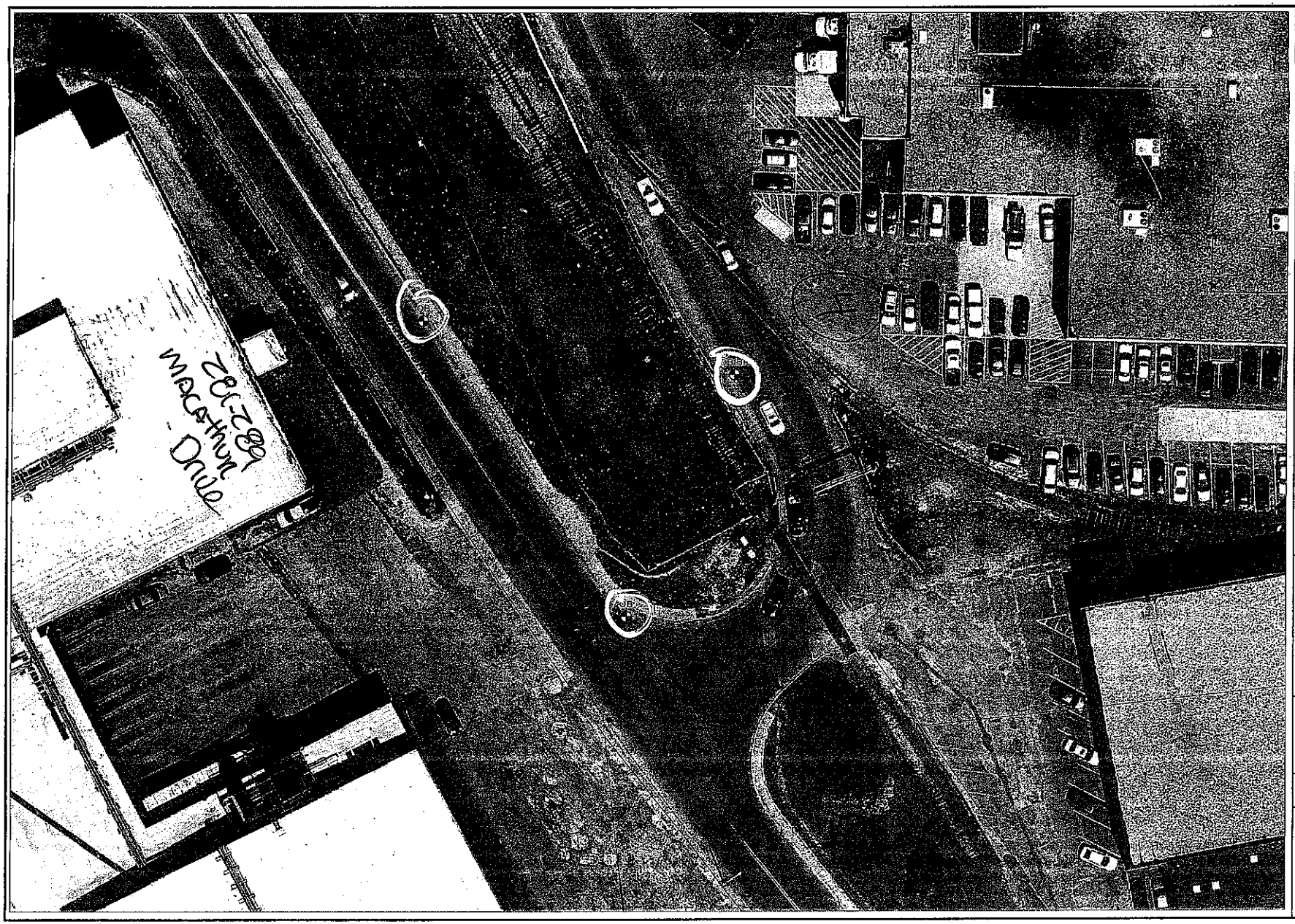
Name & Contact Number of Insurer: Getchell Co.

Approved By: Donna M. Amado Date: 1/11/2021

Title: Admin Manager

Roadway Closures will require authorization from the Commissioner of Public Infrastructure.
Traffic management plans may be required.
For inspection, 24 hour notice is required and the Contractor / Applicant is required to notify the D.P.I. @ 508-979-1550 Press 4 Repair. Permit Expires in 3 Months from work start date.

Provide Sketch



★ Site Location

⊕ Proposed Soil Boring/Monitoring Well Location (Oververburn/Bedrock)

0 12.5 25 50 Feet

Data Provided by RIGIS
Orthoimagery provided by nearmap

Proposed Additional Assessment/Drilling Plan

281-289 MacArthur Drive
New Bedford, Massachusetts

Date: 12/08/2020

Job #: S3132

Created By: ALM

Figure 1

SAGE ENVIRONMENTAL

Dig SAFE 2020 500 1616

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/21/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Christina Dennehy	
The Getchell Companies 183 Great Road, Unit 15 PO Box 844 Stow MA 01775	PHONE (A/C, No, Ext): (978) 897-7773	FAX (A/C, No): (978) 897-1553
	E-MAIL ADDRESS: christina@getchellcompanies.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
TDS, INC. PO BOX 10 STERLING MA 01564	INSURER A: Union Insurance Company	25844
	INSURER B: Acadia Insurance	31325
	INSURER C: Columbia Casualty	31127
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2020-2021 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] XCU Coverage [X] Contractual liability GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [X] LOC [ ] OTHER:			CPA5006237-19	09/26/2020	09/26/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY [ ]			MAA5006239-19	09/26/2020	09/26/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ 1,000,000 $ $ $ included $
B	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			CUA5006240-19	09/26/2020	09/26/2021	EACH OCCURRENCE AGGREGATE [ ]	$ $ 4,000,000 $ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WCA5006241-19	09/26/2020	09/26/2021	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
C	Pollution Liability			2088313808	09/26/2020	09/26/2021	limit	$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

The City of New Bedford Ma

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Christina Dennehy