Permit # 240.2021

Dig Safe # 20212812065

Date Issued: July 14, 2021

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: 1069 Kempton Street

* police detail recommended *

Substantially as per plan annexed, for the purpose of: Installing 1 monitor well

* See Attach Sketch

Work will begin (weather permitting) on: 8/5/2021

Work will end (weather permitting) on: 8/20/2021

Applicant Name: Enzo Gravante

Excavator(s) Name:

Company Name: Drillex Environmental

Hoisting Equipment License Number:

Grade: Expiration Date:

Contact Name:

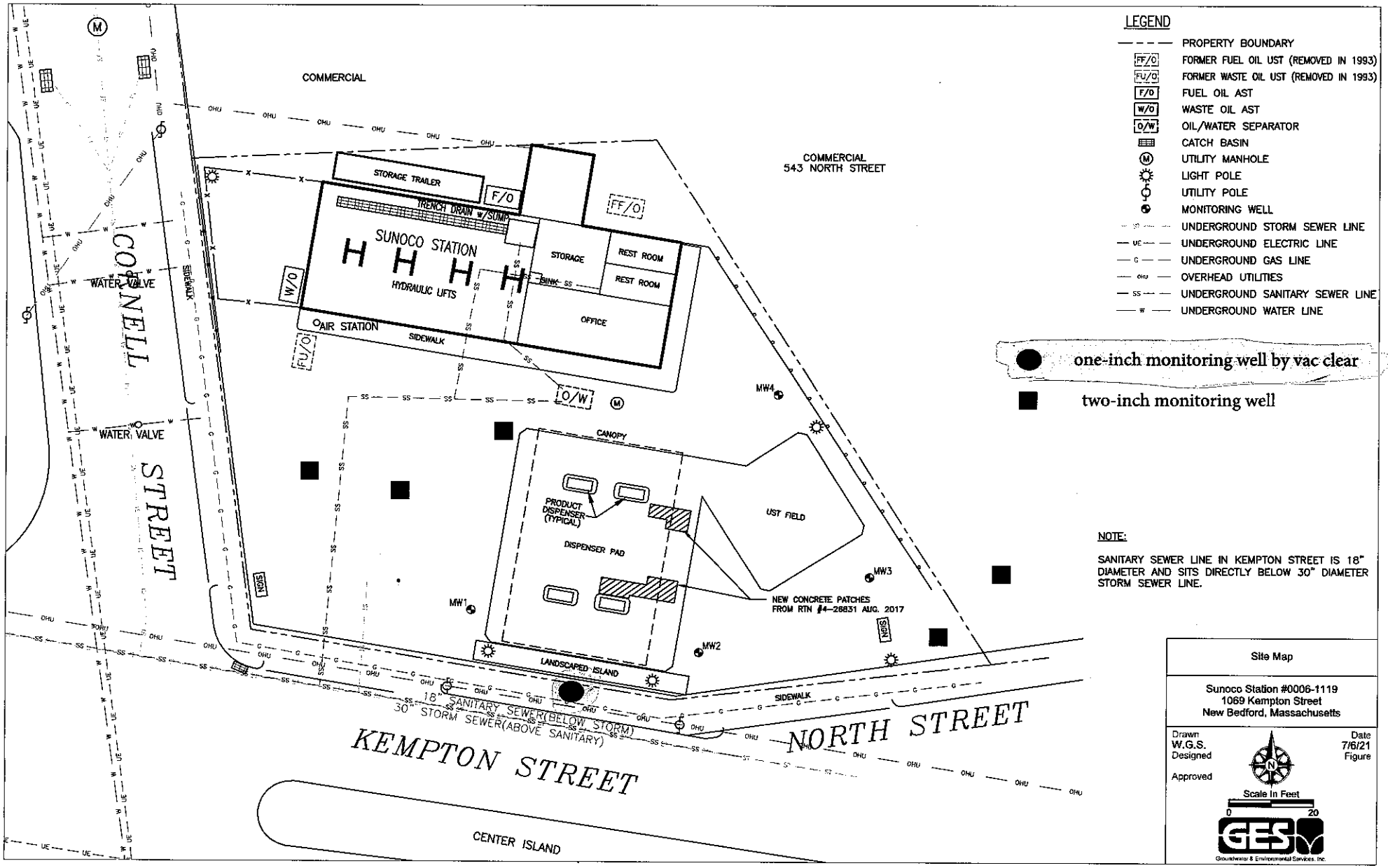
Name & Contact Number of Insurer: Braley & Wellington

Approved By: Donna M. Amado Date: 7/21/2021

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



M:\Graphics\1600-Wexford\Sunoco\0006-1119 New Bedford\0006-1119 New Bedford SM.dwg, B20 sm, WShaa

(DIG SAFE SYSTEM, INC - MA) 07/15/2021 12:59:55

-BB -CN -CP -HK

*** INTERNET TICKET ***

***** REGULAR *****

TIME..12:59 DATE..07/15/2021

REQUEST NO...20212812065

STATE.....MASSACHUSETTS
MUNICIPALITY..NEW BEDFORD

ADDRESS..1069
STREET...KEMPTON ST

NEAREST CROSS STREET 1..CORNELL ST

SIDEWALK IN FRONT OF SUNOCO STATION ALONG KEMPTON ST

NATURE OF WORK..MONITORING WELL INSTALLATION

EXTENT OF WORK
SIDEWALK ALONG KEMPTON ST DIRECTLY IN FRONT OF SUNOCO STATION

AREA IS PREMARKED..YES

START DATE.....07/20/2021 START TIME..13:15

CALLER.....PAUL CICCHETTI
TITLE.....
RETURN CALL.....
PHONE #.....800-221-6119
FAX #.....
ALT. PHONE #....401-215-8597
EMAIL ADDRESS...PCICCHETTI@GESONLINE.COM
CONTRACTOR.....GROUNDWATER & ENVIRONMENTAL SERVICES
ADDRESS.....1 PARK DRIVE, SUITE 8
CITY.....WESTFORD
STATE.....MA
ZIP.....01886
EXCAVATOR DOING WORK..GEOSEARCH INC

Service Area	Utility Type(s)	Contact	Alternate Contact	Emergency Contact
VERIZON BB * Principal	TELEPHONE	(800) 624-9675		
EVERSOURCE - ELECTRIC CN * Principal	ELECTRIC	(339) 987-7014		
NSTAR GAS CP * Principal	GAS	(508) 305-7080		CP HIT GAS LINE NUMBER (800) 592-2000
COMCAST - MA HK * Principal	CABLE TV	USIC LOC (800) 778-9140		

This Dig Safe ticket expires on: 08/14/2021

There may be non member utilities in the area that you need to notify.
Electric and other utilities may not mark lines they don't own or maintain. You may need to hire a private company to locate these lines.
The excavator is responsible to maintain marks placed by the member utilities.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2021

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 Braley & Wellington Insurance Agency P.O. Box 15127 Worcester MA 01615	**CONTACT NAME:** Diane DeCaria **PHONE (A/C, No, Ext):** (508) 754-7255 **FAX (A/C, No):** (508) 797-3507 **E-MAIL ADDRESS:** ddecaria@braleywellingtongroup.com
INSURED Brock Inc. dba: Drilex Environmental 13 Elm Street Suite #2 Auburn MA 01501	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A:** Homeland Insurance Company of NY — 34452 **INSURER B:** Atlantic Specialty Insurance Company — 27154 **INSURER C:** National Liability & Fire Ins. Company — 20052 **INSURER D:** **INSURER E:** **INSURER F:**

COVERAGES **CERTIFICATE NUMBER:** 2021-2022 **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 GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [X] OTHER: Professional			793-00-33-25-0006	05/10/2021	05/10/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Employee Benefits	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			390-00-13-73-0006	05/10/2021	05/10/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist BI	$ 1,000,000 $ $ $ $ 20,000
A	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			793-00-33-26-0006	05/10/2021	05/10/2022	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
C	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		V9WC194870	05/09/2021	05/09/2022	[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
A	Contractors Pollution			793-00-33-25-0006	05/10/2021	05/10/2022	$1,000,000 Occurrence	

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

XCU coverage. (Explosion, Collapse & Underground) is included.

CERTIFICATE HOLDER

City of New Bedford Department of Public Infrastructure
1105 Shawmut Ave
New Bedford MA 02746

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

Diane L. DeCaria