



PERMIT NO.
24980

CITY OF NEW BEDFORD
SEWER AND/OR STORM DRAIN PERMIT

DATE 10-7-2001
Expire date: 10-7-2002

This certifies that permission is granted to

Property Owner Stacy Oliveira Address 5 Archer's Wood Tel. 508.933.5931
Business MA 01913

To connect a sewer and/or storm drain located at 108 Essex St
Assessor's Plot 134 Lot 314 to the sewer and/or storm drain in late lot to Oakeset Avenue
Force main 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 Francisco Escobedo Tel. 308.999.6749
Mailing Address 15 Oliver Street

The Bonded Contractor/Drain Layer authorized to perform this work is:

Name Francisco Escobedo Address 1-1/4 SDR 21 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.L. 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. #21-10 Date 8-24-2001
Comm. Mass. Sewer Conn./Ext. Permit No. _____ Date _____
A Filing and Inspection Fee of \$ 450, plus an Entrance Fee of \$ _____ where applicable, must accompany this application.

Bank# Call Trust Bank Check# 4585 Date 10-7-2001 Receipt# 3554668

Other requirements: Union Follow order of conditions set water

Connection made to Sewer Part of jointly-shared private line YES ☒ NO ☐
Storm Drain

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

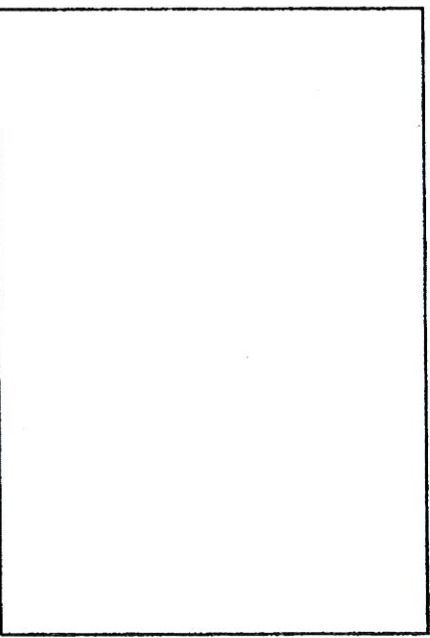
Stacy Oliveira
Asst. City Engineer
Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: _____

DATE: _____

COMMENTS: _____



APPROVED _____ DISAPPROVED _____

SKETCH PLAN

SIGNATURE



Department of Public Infrastructure

Jamie Ponte
Commissioner

Water
Wastewater
Highways
Engineering
Cemeteries
Park Maintenance
Forestry
Energy

CITY OF NEW BEDFORD

Jonathan F. Mitchell, Mayor

To Whom It May Concern:

I Stacy L. Oliveira, being
(Name) (Mailing Address)

168 Eselle's Way Owner of property located at
Plot 134, Lot 314, hereby agree to allow Fairman Excavating
(Name)

18 Oliver St Fairman MA, to act on my behalf including affixing my
(Mailing Address)

signature in securing permit for:

1 Sewer/Drain Service Permits
____ Water Service Permits
____ Driveway Installation Permits
____ Sidewalk Installation Permits

I further agree to conform to, and abide by, All City rules and ask regulations applicable to the permit (s) being applied for:

Name Stacy L. Oliveira Signature
Address 5 Arden's Way
Date _____ Telephone Number _____

No. 21-10FEE 100.00

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>68 Giseles Way N.B. MA</u> | Owner's Name | <u>Donald Stang Jr. Ivich</u> |
| Map/Parcel# | | Address | <u>54ic hrs way, Attusmet, MA</u> |
| Lot# | <u>40</u> | Telephone# | <u>508 733 5931</u> |
| Installer's Name | <u>Fairhaven Excavation</u> | Designer's Name | <u>Fairland Corp</u> |
| Address | <u>15 Oliver Street Fairhaven</u> | Address | <u>Ventura Drive, Dartmouth</u> |
| Telephone# | <u>508 962 2938</u> | Telephone# | <u>508 717 3480</u> |

Type of Building Single Farm Lot Size 8 acres sq. ft.Dwelling - No. of Bedrooms 3 BR Garbage grinder ()Other - Type of Building N/A 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) _____ Name of Soil Evaluator _____ Date of Evaluation _____

Soil Evaluator Form No. _____

DESCRIPTION OF REPAIRS OR ALTERATIONS Abandon existing system and tie into City Sewer
* locate existing well and sample water *

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 8/17/21

Inspections _____

No. 21-10FEE 100.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, New Bedford, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: ☐ Individual Component(s) ☐ Complete SystemThe 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. 21-10, dated 8/17/21, 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. 21-10FEE 100.00

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 68 Giseles Way, New Bedford, MA locate well and sample water as described in the application forDisposal System Construction Permit No. 21-10, dated 8/17/21.

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

Date: 8/17/21 Board of Health[Signature]

MISCELLANEOUS PAYMENT RECPT#: 3554668
City of New Bedford
133 William St.
New Bedford MA 02740

DATE: 10/07/21 TIME: 15:18
CLERK: 4450000 DEPT:
CUSTOMER#: 0

COMMENT:

CHK: DPISW DPI SEWER PERMI 450.00

REVENUE:
1 60506000 422165 450.00
Sewer Permit Fee
CASH:
TW05 10/109 450.00
Cash Treasurer Dep W

AMOUNT PAID: 450.00

PAID BY: FAIRHAVEN EXCAVATING
PAYMENT METH: CHECK
REFERENCE: WR4585

AMT TENDERED: 450.00
AMT APPLIED: 450.00
CHANGE: .00