

APPLICATION/AGREEMENT
For Trench/Disturbance Permit within the City of New Bedford

Permit # 01-2021
Dig Safe # 2021-010513

Date 1-5-21

TO THE MAYOR AND CITY COUNCIL:

DISTURBANCE PERMIT

TRENCH SAFETY PERMIT

Permission is hereby requested to excavate the surface of: _____ City Property

and/or

☒ Private Property
Provide Sketch - Attached

Location of Work: 281-289 MacArthur Drive

Substantially as per plan annexed, for the purpose of: Environmental Drilling

Two borings to 15 feet below grade and three borings to 35 feet below grade

Work will begin (weather permitting) on: 1-11-21

Work will end (weather permitting) on: 1-14-21

Applicant Name: Anthony Kassabo

Excavator(s) Name: SAGE EnviroTech Drilling, Inc.

Company Name: SAGE Environmental, Inc.

Hoisting Equipment License Number: See Attachment - MA Well Driller
Grade: _____ Expiration Date: 12-31-21

Contact Number: 508-282-2006

Name & Contact Number of Insurer: See attached COI

Competent Person on Work Site: Tyler Perry

APPROVED BY: Stephen Caputo DATE: 1-7-2021

TITLE: New City Engineer

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.

SAGE ENVIRONMENTAL, INC.

28 / 8b

DATE	INVOICE NO.	COMMENT	AMOUNT	NET AMOUNT
01/05/2021	SS132A 01/21	Trench Permit		30.00
DATE 01/05/21			VENDOR City of New Bedford	TOTAL 30.00

SAGE ENVIRONMENTAL, INC.

172 ARMISTICE BOULEVARD
PAWTUCKET, RI 02860
(401) 723-9900



28786

Thirty and no/100

PAY

CITY OF NEW BEDFORD

TO THE
ORDER
OF

01/05/21 DATE 28786 \$30.00 AMOUNT

Chen

AUTHORIZED SIGNATURE



Security features. Details on back.

⑈028786⑈ ⑆211370859⑆

2701435 5⑈



DEPARTMENT OF ENVIRONMENTAL PROTECTION

MASSACHUSETTS WELL DRILLERS CERTIFICATE

Pursuant to the provisions of
Massachusetts General Laws Chapter 21G Section 20

Tyler Perry #1000

is authorized to dig or drill Monitoring wells
in the Commonwealth of Massachusetts during the period

01/01/2021 to 12/31/2021

Commissioner / Designee



DETACH CERTIFICATE ABOVE ALONG PERFORATION

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF ENVIRONMENTAL PROTECTION		
WELL DRILLERS CERTIFICATION PROGRAM		
Issue this license to Tyler Perry		
CERT. NO. 1000 M	EFFECTIVE 01/01/2021	EXPIRES 12/31/2021
SIGNED:		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/09/2020

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 Butler & Messier, Inc 1401 Newport Avenue Pawtucket RI 02861-1848		CONTACT NAME: Lori Thomas, ACSRAAIAIS PHONE (A/C, No, Ext): (401) 728-3200 FAX (A/C, No): (401) 727-7690 E-MAIL ADDRESS: lthomas@butlerandmessier.com	
INSURED SAGE EnviroTech Drilling Services, Inc. 172 Armistice Blvd. Pawtucket RI 02860		INSURER(S) AFFORDING COVERAGE INSURER A: National Fire & Marine Insurance Company INSURER B: Arbella Protection INSURER C: Beacon Mutual Insurance Co INSURER D: INSURER E: INSURER F:	
		NAIC # 41360	

COVERAGES **CERTIFICATE NUMBER:** 2020-2021 Liabilities **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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			42ESP00061601	09/28/2020	09/28/2021	EACH OCCURRENCE \$ 6,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 6,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			1020080906	02/05/2020	02/05/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	83973	09/17/2020	09/17/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Contractors Pollution/Transportation Pollution/Professional Liability			42ESP00061601	09/28/2020	09/28/2021	Ea. Condition/Event/Act \$ 6,000,000 Aggregate \$ 6,000,000

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

If required by a written contract or agreement with this insured, the certificate holder is included as Additional Insured, with respect to General, Contractors Pollution and Auto Liability coverage, this insurance is primary and non-contributory. Waiver of Subrogation applies, including WC. This is per policy forms PR-EC-IL-010-05/2020, PR-EC-IL-009-05/2020, PR-EC-IL-013-05/2020, CG 20 10 07 04, CG 20 37 04 13, PR-EC-CP-007-5/2020, 26AP10310813, WC_00_03_13_V4, and subject to the policy's terms & conditions.

CERTIFICATE HOLDER**CANCELLATION**

For Informational Purposes only

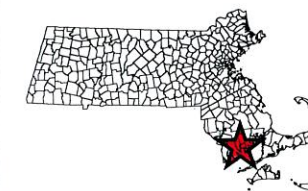
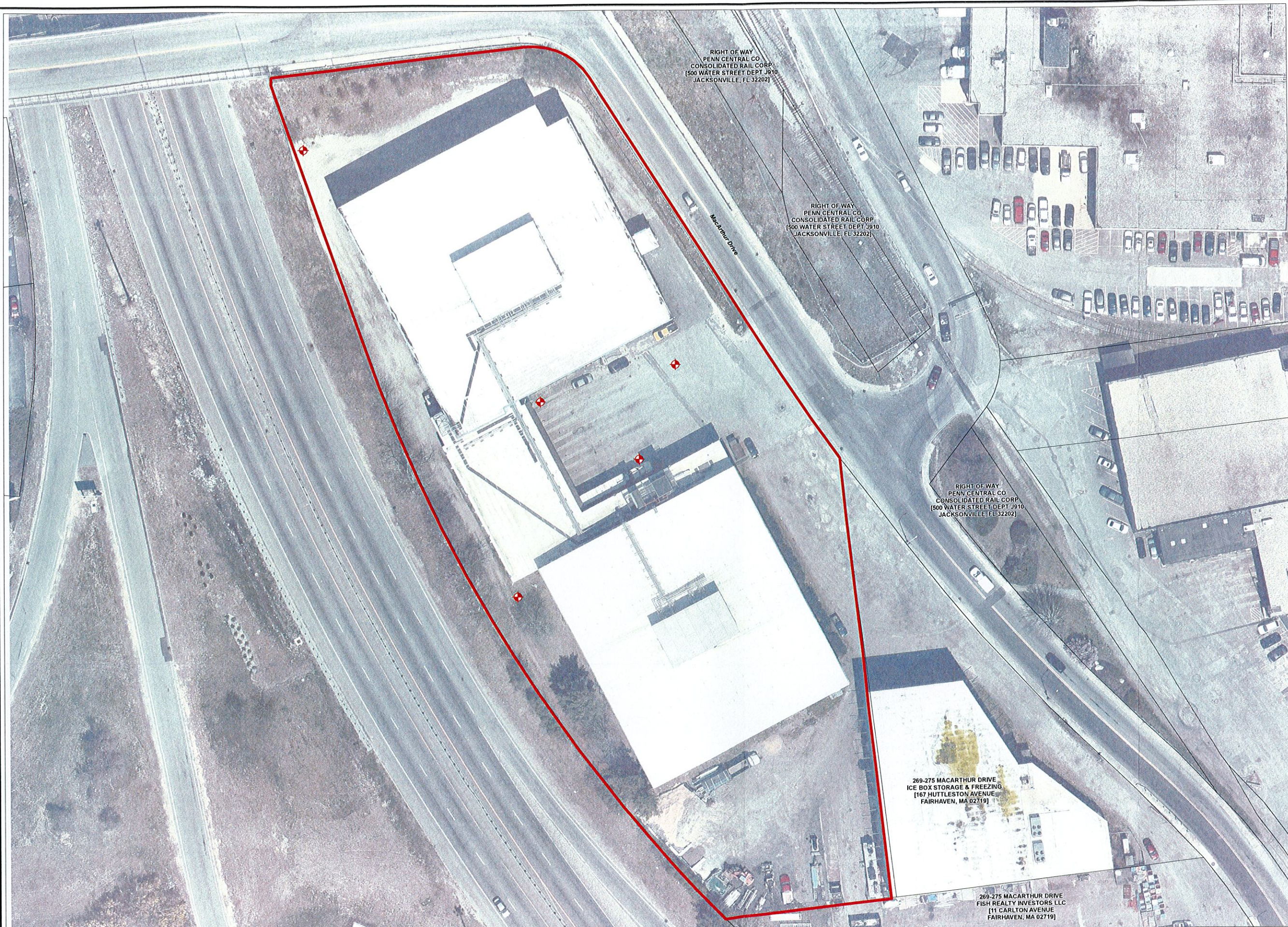
XXXXXX

XXXX

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

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★ Site Location

Legend

- Approximate Property Boundary
- Proposed Soil Boring/Monitoring Well Location

0 20 40 80 Feet

Date Provided by RIGIS
Orthomagey provided by [nearmap](#)



Proposed Additional Assessment/Drilling Plan

281-289 MacArthur Drive
New Bedford, Massachusetts

Date: 01/05/2021

Job #: S3132

Created By: ALM/jpl

Figure 1



MISCELLANEOUS PAYMENT RECPT#: 3139299
City of New Bedford
133 William St.
New Bedford MA 02740

DATE: 01/07/21 TIME: 08:20
CLERK: a450mb DEPT:
CUSTOMER#: 0

COMMENT:

CHG: DPITRN DPI TRENCH PERM 30.00

REVENUE:

1 03406000 439020 30.00
OTH -Departmental Fees

CASH:

TW05 101009 30.00
Cash Treasurer Dep W

AMOUNT PAID: 30.00

PAID BY: SAGE ENVIRONMENTAL,
PAYMENT METH: CHECK
MR28786

REFERENCE.