

CITY OF NEW BEDFORD

APPLICATION FOR CONNECTION TO PUBLIC SANITARY SEWER AND/OR STORM DRAIN

Date 8:5-87

Signature of Owner's Representative

Application No. Nº 21420	Date
The undersigned hereby requests permission to connect premises located at OVCHARD ST. M.W. COV F. Street Lot , to the public sanitary/storm sewer(s) in the same to be installed in accordance with the terms and	ORCHARD ST.
of the City of New Bedford.	conditions see to the more and
Name of Property Owner: B.J. MALTIN BEA Please Print Owner's Mailing Address: P.D. BOX 3725	
If application is being submitted by other than actual pr	
Name:	Tel
Mailing Address:	
and attach Letter of Authorization from Property Owner he	ereto.
DONDED CONTRACTOR OF DRAINIA	VED MANUAL INCTALLATION
BONDED CONTRACTOR OR DRAIN LA	
Name:	Tel.
If	th copy
of R P the and	oval by position
a) Type of Pipe Required:	Sewer r Pollus sewer
b) Separate Sanitary and Storm connections are required	
c) All work must be inspected and approved by a D.P.W.	inspector, both in the street and on private prop-
erty, before backfilling.	
d) A Filing and Inspection Fee of \$, plus a	n Entrance Fee of \$ where appli-
cable, must accompany this application.	anneal and from
e) Other requirements: 115P DN14- Co	SMIECT TO EXIST PIME
Applicant agrees to abide by the above terms, as well as	all pertinent ordinances of the City of New Bed-
ford, and such other special rules as the Commissioner of Manual Commissioner of Public Works	Public Works may deem necessary. Signature of Property Owner
By: Dusan Hallio B	y:

Permit No. 21420

CITY OF NEW BEDFORD DEPARTMENT OF PUBLIC WORKS

Supplementary Information Required from Commercial or Industrial Firms in Addition to Issuance of Sewer Entrance Permit

Α.	Architect's floor plan showing proposed connections to building drain (inside building):			
В.	Architect's detail drawings of any pretreatment or equalization equipment:			
C.	Site plan showing:			
	1	Building and location of building sewer		
-		Proposed connection to public sewer Profile of building sewer		
	(3) (4)	Plan and profile of storm drain		
	(5)	Location of control manhole		
		(Standard type — preferably between property line and public sewer.)		
D.	Wastew	Name of firm: Mk. SPARKLE CAR WASH		
	(1)	Name of firm: M. STRICKED CASA Address 5 ROLLONGE AVE.		
	(2)			
	(3)	Name and title of person completing form. (company representative):		
		JOHN DISAUDED		
	(4)	Industry type (SIC Number):		
	(5)	Number of Employees:		
	(6)	Principal products manufactured, produced, processed or sold:		
		AUTO. CAR WASH.		
	(7)	Sources of water supply: Municipal Well		
	(8)	Estimated volume of water to be used per day: 2000 ± gallons.		
	(9)	Flow gauges in plant influent effluent.		
	(10)	Water consumed in processes:%.		
	(11) Recycled water:%.			
	(12)	Cooling water:		
	(13) Number of operating days per week:			
	(14)	Number of shifts per day:		
	(15)	Type of discharge: continuous batch.		
	1	If batch per shift.		
	THE TOTAL THE MAIL OF THE MAIL			
	(17)			
	(18)	(a) Process changes:		
		(a) Process changes:		
(b) Changes in raw materials:				
		(b) Changes in raw materials:		
		(c) Recycling methods:		
		(d) Wastewater treatment equipment: CASOLINE : OIL INTERCEPTOR.		
		(d) wastewater treatment equipment.		
		(e) Monitoring devices:		
		(a) G I' 14 time procedured		
		(f) Sampling and testing procedures:		
	(19)	Expected constituents of final wastewater discharge:		
	(13)	(a) pH mg/l		
		(a) phmg/l (e) S. Smg/l		
		(b) drease, on many		
	(20)	Ma 12-24-87		
		Signature of Property Owner Date		