## CITY OF NEW BEDFORD

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

| Application No. | Nº | 21455 |
|-----------------|----|-------|
|                 |    |       |

Date Sept. 29, 1987

| Application No. Nº 21455  | Date Staff. 14.1,1.1.  |
|---|--|
| The undersigned hereby requests permission to connect a bui   | lding sanitary and/or storm sewer from the   |
| promises located at Tarkeln Place, N.S: O Chaffee.  | At Assessors' Plot 130.6   |
| Lot 16.4., to the public sanitary/storm sewer(s) in Jan.  | Ruly Tlack   |
| the same to be installed in accordance with the terms and cond  | litions set forth herein, and the ordinances   |
| of the City of New Bedford.   |  |
| Name of Property Owner: Bas bara Lizotte Please Print   |  |
| Owner's Mailing Address: 1119 Highland Ave!   |  |
| If application is being submitted by other than actual property   | y owner, indicate that person's  |
| Name: David Chapman of Fiellow<br>Mailing Address: 888 Purchase St.   | ms Tel. 9.9.3-7.506  |
| and attach Letter of Authorization from Property Owner hereto.  |  |
| and attach better of Authorization from Property Switch hereo.  |  |
| BONDED CONTRACTOR OR DRAIN LAYER  | MAKING INSTALLATION  |
|   | Tel. 9.9.3 - 9.506   |
| Address: 888 Purchase St. M. B  | 3., 02746  |
| JOINT MAINTENANCE AGREEMI   | ENT RÉQUIRED   |
| If this connection is to be part of a private service shared join   | tly with other building owners, attach copy  |
| of Recorded Joint Maintenance Agreement hereto.   |  |
| PERMITS TO INDUSTRIAL AND/OR COM  | MERCIAL APPLICANTS   |
| Permits can be issued to Industrial and/or Commercial App<br>the Commissioner of Public Works of such supplemental info<br>and quantity data, and other pertinant information as he may re              | plicants only upon receipt and approval by ormation, including drawings, composition |
| In addition, a valid Industrial User Discharge Permit issued<br>System Extension or Connection issued by the Commonwealth<br>tion Control, shall be required for applicants wishing to disch<br>system. | of Massachusetts, Division of Water Pollu-   |
| Industrial User Discharge Permit No.  | Date   |
| Comm. Mass. Sewer Conn./Ext. Permit No.   | Date   |
| TERMS   |  |
| a) Type of Pipe Required: PVC SOR-35  |  |
| b) Separate Sanitary and Storm connections are required where   |  |
| c) All work must be inspected and approved by a D.P.W. Inspe  |  |
| erty, before backfilling.   | coor, soon in the street and on private prop   |
| d) A Filing and Inspection Fee of \$.50.00, plus an Ent   | rance Fee of \$ where appli-   |
| cable, must accompany this application.   | where appr   |
| e) Other requirements: Insp. only - enter.  | m. H. Q intersections.   |
| ,   |  |
| Applicant agrees to abide by the above terms, as well as all p<br>ford, and such other special rules as the Commissioner of Publ  |  |
|   | 11 1.110 11 1  |
| Kathleen J. Burns at L. Commissioner of Public Works  |  |
| By: ane Marie Inqueres By:  | Signature of Owner's Representative  |
|   |  |

September 21, 1987

RE: TRUE GRIT ABRASIVES, INC.

Church & Chaffee Streets, New Bedford

TO WHOM IT MAY CONCERN:

Please be advised that David J. Chapman of Fellouris Construction, Inc., is authorized to sign permit applications for the above-referenced project.

Barbara Lizotte, Trustee

djb



## CITY OF NEW BEDFORD DEPARTMENT OF PUBLIC WORKS

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

| A. Archite   | ct's floor plan showing proposed connections to building drain (inside building):  |  |  |
|--------------|--|--|--|
|              | ct's detail drawings of any pretreatment or equalization equipment:  |  |  |
|              | n showing:   |  |  |
| . (1)        | Building and location of building sewer Proposed connection to public sewer  |  |  |
| (3)          | Pananananananananananananananananananan  |  |  |
| (5)          | Location of control manhole  |  |  |
|              | (Standard type — preferably between property line and public sewer.)  water Information:  Date: 9/24/87  |  |  |
| D. Wastev    | vater information.   |  |  |
| (1)          | Name of firm: TRUE GRIT ABRASIVES, INC.  |  |  |
| (2)          | Address Tarkiln Place, New Bedford, MA 02745   |  |  |
| (3)          | Name and title of person completing form. (company representative):  David J. Chapman, Project Manager, Fellouris Construction   |  |  |
| (4)          | Industry type (SIC Number): 329  |  |  |
| (5)          | Number of Employees: 10  |  |  |
| (6)          | Principal products manufactured, produced, processed or sold: Abrasive Grinding Wheels   |  |  |
| (7)          | Sources of water supply: Municipal Well Well   |  |  |
| (8)          | Estimated volume of water to be used per day: gallons.   |  |  |
| <b>–</b> (9) | Flow gauges in plant influent effluent.  |  |  |
| (10)         | Water consumed in processes: %.  |  |  |
| (11)         | Recycled water:%.  |  |  |
| (12)         | Cooling water:   |  |  |
|              | al no contract to the contract that the contract of the contract of the contract to the contract of the contra |  |  |
| (13)         | 그 마음 아이들의 이 그리다는 경영에 비생활이 하나면 하는데 이번 아이를 하는데 하는데 하는데 하나 나는데 하는데 하는데 하는데 하는데 하는데 되었다.   |  |  |
| (14)         | Number of shifts per day:  |  |  |
| (15)         | Type of discharge:   |  |  |
| (16)         | If batch   |  |  |
| (17)         | Estimated volume of wastewater discharged daily gallons.   |  |  |
| (18)         | Wastewater abatement practices to be used:   |  |  |
|              | (a) Process changes: N/A   |  |  |
|              | (b) Changes in raw materials:  |  |  |
| N. C.        | (c) Recycling methods: N/A   |  |  |
| nell.        | (d) Wastewater treatment equipment: N/A  |  |  |
| dif,         | (e) Monitoring devices: N/A  |  |  |
|              | (f) Sampling and testing procedures: N/A   |  |  |
| (19)         |  |  |  |
| (10)         | (a) pH N/A mg/l  |  |  |
|              | (b) Grease/Oil N/A mg/l (e) S. S N/A mg/l  |  |  |
|              | (c) C O D  |  |  |
|              | **Sanitary Sewerage Only.  |  |  |
| (20)         |  |  |  |
|              |  |  |  |