



CITY OF NEW BEDFORD

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

Application No. No 21795

Date 2-9-89

The undersigned hereby requests permission to connect a building sanitary and/or storm sewer from the premises located at 449 Acush Ave W S N of Sass Ave (North) Assessors Plot 137 Lot 75, 117, to the public sanitary/storm sewer(s) in Sassagum Ave Street; the same to be installed in accordance with the terms and conditions set forth herein, and the ordinances of the City of New Bedford.

Name of Property Owner: SLH Healthcare Inc Tel. 997-1515 X2004 Please Print

Owner's Mailing Address: 101 Page St N.B. Ma 02740

If application is being submitted by other than actual property owner, indicate that person's

Name: Tel.

Mailing Address:

and attach Letter of Authorization from Property Owner hereto.

BONDED CONTRACTOR OR DRAIN LAYER MAKING INSTALLATION

Name: Private Contractor Tel.

Address:

JOINT MAINTENANCE AGREEMENT REQUIRED

If this connection is to be part of a private service shared jointly with other building owners, attach copy of Recorded Joint Maintenance Agreement hereto.

PERMITS TO INDUSTRIAL AND/OR COMMERCIAL APPLICANTS

Permits can be issued to Industrial and/or Commercial Applicants only upon receipt and approval by the Commissioner of Public Works of such supplemental information, including drawings, composition and quantity data, and other pertinent information as he may require.

In addition, a valid Industrial User Discharge Permit issued by the City, and a valid Permit for Sewer System Extension or Connection issued by the Commonwealth of Massachusetts, Division of Water Pollution Control, shall be required for applicants wishing to discharge industrial wastes to the City's sewer system.

Industrial User Discharge Permit No. Date

Comm. Mass. Sewer Conn./Ext. Permit No. Date

TERMS

a) Type of Pipe Required: PVC SDR-35

b) Separate Sanitary and Storm connections are required where a 2 - pipe system exists in the street.

c) All work must be inspected and approved by a D.P.W. Inspector, both in the street and on private property, before backfilling.

d) A Filing and Inspection Fee of \$ 50.00, plus an Entrance Fee of \$ where applicable, must accompany this application.

e) Other requirements: Insp. only Pvt contractor to do all work on site-connect to exist drain from Parkwood Hospital

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 Works may deem necessary.

Kathleen J. Burns Commissioner of Public Works

SLH Healthcare Signature of Property Owner

By: Maria D. Raposo

By: John Day Signature of Owner's Representative

Permit No. 21795

CITY OF NEW BEDFORD
DEPARTMENT OF PUBLIC WORKS

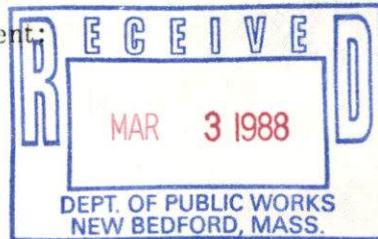
Supplementary Information Required from Commercial or
Industrial Firms in Addition to Issuance of Sewer Entrance Permit

A. Architect's floor plan showing proposed connections to building drain (inside building):

B. Architect's detail drawings of any pretreatment or equalization equipment:

C. Site plan showing:

- (1) Building and location of building sewer
- (2) Proposed connection to public sewer
- (3) Profile of building sewer
- (4) Plan and profile of storm drain
- (5) Location of control manhole
(Standard type — preferably between property line and public sewer.)



D. Wastewater Information:

Date: 3/2/88

- (1) Name of firm: SLH Healthcare Inc.
- (2) Address: 101 Page Street
- (3) Name and title of person completing form. (company representative):
Robert C. Verkade P.E., R.L.S. Vice President/Chief Engineer
- (4) Industry type (SIC Number): N/A
- (5) Number of Employees: N/A
- (6) Principal products manufactured, produced, processed or sold:
No manufacturing, Nursing Home Facility
- (7) Sources of water supply: Municipal X Well
- (8) Estimated volume of water to be used per day: 22,400 gallons.
- (9) Flow gauges in plant N/A influent N/A effluent.
- (10) Water consumed in processes: N/A %.
- (11) Recycled water: N/A %.
- (12) Cooling water: N/A %.
- (13) Number of operating days per week: N/A 7
- (14) Number of shifts per day: N/A 24 HR/DAY
- (15) Type of discharge: X continuous batch.
- (16) If batch per shift.
- (17) Estimated volume of wastewater discharged daily 22,400 gallons.
- (18) Wastewater abatement practices to be used:
 - (a) Process changes: N/A
 - (b) Changes in raw materials: N/A
 - (c) Recycling methods: N/A
 - (d) Wastewater treatment equipment: N/A
 - (e) Monitoring devices: N/A
 - (f) Sampling and testing procedures: N/A
- (19) Expected constituents of final wastewater discharge:
 - (a) pH 6.5-8.0
 - (b) Grease/Oil N/A mg/l
 - (c) COD 500 ± mg/l
 - (d) Cl Req'm't. N/A mg/l
 - (e) S. S. 200-350 mg/l
 - (f) Color N/A mg/l

(20) Leslie V. Belknap, Secretary/Treasurer
Signature of Property Owner

March 3 1988
Date

O.K. 2-9-87
SANITARY SEWAGE ONLY.

In consideration of the City of New Bedford permitting

SLH Healthcare, Inc.

SLH Healthcare, Inc.

101 Page Street

101 Page Street

New Bedford, MA 02740

New Bedford, MA 02740

(Names and addresses of owners)

to make connection to a public sewer, the said parties hereto, their heirs and/or assigns, being owners of property located at

1) Acushnet Aven., Plot 137 part of Lots 6 & 75, West of Hospital Bldgs.

2) 4499 Acushnet Ave., Plot 137 Lots 6, 75, 82, 83, 84, 86, 87 & 88

(Address and Plot & Lot Nos.)

do hereby agree to bear jointly the cost of maintaining the private sewer serving the above described properties, from the point where the individual building sewers combine into a single pipe to the point where said single pipe enters into the public sewer.

However, in cases in which the location requiring maintenance is found to be behind or above the point of connection of one or more of the above described individual house sewers, the cost shall be borne jointly by those remaining property owners which have joint use of the private sewer at such location.

February 25, 1988

WITNESS TO ALL:

John B. O'Neil

OWNERS INVOLVED:

1. SLH Healthcare, Inc.

Owner

John Bihldorff, President

Name

Official Signature

2. SLH Healthcare, Inc.

Owner

John Bihldorff, President

Name

Official Signature



COMMONWEALTH OF MASSACHUSETTS

Bristol, ss

New Bedford

2/25/88
(Date)

Then personally appeared the above named JOHN BIHLDOFF

and made oath that the above is their free act and deed, before me

Elaine Mahoney
Notary Public

MY TERM EXPIRES
3/4/94





REGISTRY OF DEEDS

JOHN GOMES, Register

New Bedford, Mass. 02740

March 3 19 88

Received of SLH Health care

Ten and no/100

DOLLARS,

Recording Sewer Connection

Doc. 440

\$ 10.00

John Gomes

REGISTER

