



CITY OF NEW BEDFORD

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

Application No. No 21826

Date 4-27-89

The undersigned hereby requests permission to connect a building sanitary and/or storm sewer from the premises located at Mill St. 55.50' W. of Liberty St. Assessors' Plot 57.
Lot 201, to the public sanitary/storm sewer(s) in Mill St. 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: Eastern Mass. Correctional Alcohol Center Tel. 996-9660
Please Print

Owner's Mailing Address: 593 Kempton St. N.B. 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: W.C. Smith Tel. 995-1449
Address: 58 Ridgewood Road N.B. MA 02745

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: PUC 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 - Connect to exist. Sewer line in Center of Mill St. W.C. Smith to do all work

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. Buenausk Raymond Ruand X
Commissioner of Public Works Signature of Property Owner

By: Susan Harris By: Signature of Owner's Representative



THE COMMONWEALTH OF MASSACHUSETTS

OFFICE OF THE

BRISTOL COUNTY SHERIFF

DAVID R. NELSON
SHERIFF

593 KEMPTON STREET
NEW BEDFORD, MASS. 02740
TEL. 996-9660

April 27, 1989

City of New Bedford
Sewer Department
New Bedford, Ma.

To Whom It May Concern:

Raymond Rivard is authorized to sign any documents
for Eastern Massachusetts Correctional Alcohol Center.

Sincerely,

A handwritten signature in cursive script, appearing to read "Edmond P. Talbot".

Edmond P. Talbot
Chief of Staff.

**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: 4-27-89

- SANITARY (INCL. KITCHEN) WASTE ONLY

- (1) Name of firm: EASTERN MASS. COLLECTIONAL ALCOHOL CARRIER
- (2) Address: 593 KEMPTON ST.
- (3) Name and title of person completing form. (company representative):

- (4) Industry type (SIC Number): _____
- (5) Number of Employees: _____
- (6) Principal products manufactured, produced, processed or sold: REHABILITATION FACILITY
- (7) Sources of water supply: Municipal ☒ Well _____
- (8) Estimated volume of water to be used per day: 350 MAX 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.
- (16) If batch _____ per shift.
- (17) Estimated volume of wastewater discharged daily 350 gallons.
- (18) Wastewater abatement practices to be used:
 - (a) Process changes: _____
 - (b) Changes in raw materials: _____
 - (c) Recycling methods: _____
 - (d) Wastewater treatment equipment: _____
 - (e) Monitoring devices: _____
 - (f) Sampling and testing procedures: _____
- (19) Expected constituents of final wastewater discharge:

(a) pH _____	(d) Cl Req'm't. _____ mg/l
(b) Grease/Oil _____ mg/l	(e) S. S. _____ mg/l
(c) C O D _____ mg/l	(f) Color _____ mg/l

(20) Edward P. Talbot
Signature of Property Owner

4-27-89
Date

EDWARD P. TALBOT

