

PERMIT NO.
23182



CITY OF NEW BEDFORD
SEWER AND/OR STORM DRAIN PERMIT

DATE 2-7-02
2-7-02 exp.

This certifies that permission is granted to

Martha Vanderhoop 306 Lake Ave. Newton Ma. 02461 617-969-7511
Property Owner Address Tel.

Charles Vanderhoop (deceased)
to connect a sewer and/or storm drain located at 74 Oakdale St. (stub at property line)

Assessor's Plot 74, Lot 44, to the sewer and/or storm drain in Oakdale St. Street

to be laid in accordance with the conditions in this application and the City of New Bedford ordinances.

3306PD

TYPE OF USE: ☒ RESIDENTIAL ☐ COMMERICAL ☐ INDUSTRIAL ☐ OTHER

sewer
betterment

If applicant other than actual property owner, attach Letter of Authorization from Property Owner.

Name see attached - court appointed Tel. _____

Mailing Address _____

The ~~Bonded~~ Contractor/Drain Layer authorized to perform this work is: TBCI

Name

Address

Tel.

Type of Pipe Required: S.D.R. 35 pvc

* PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE

* Requires separate connections for sewage and storm drain where applicable. Storm water cannot be discharged to a sanitary sewer.

* All work must be inspected and approved by a D.P.W. inspector before backfilling.

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

* Permits can be issued to Industrial and/or Commercial Applicants only upon receipt and approval by the Commissioner of Public Works of required plans and supplemental information.

* In addition, a City-issued Industrial User Discharge Permit and/or a Sewer Extension/Connection Permit issued by the Commonwealth of Massachusetts D.E.P. shall be required by the City for Industrial Discharge into the sewer system.

Industrial User Discharge Permit No. _____ Date _____

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

A Filing and Inspection Fee of \$150.00 plus an Entrance Fee of \$1029.00 where applicable, must accompany this application.

Bank # Compass Bank Check # 848601924 Date: 2-7-02 Receipt # 4234

Other requirements: Inspection only - stub at property line - 70' at \$14.70/ft. = \$1029.00
150.00 fee

Owner must contact Health Dept. Re: Septic Abandonment
total \$1179.00

(Rough St. Sewer Project) ☒ Sewer

Connection made to

Part of jointly-shared private line ☐ Yes ☒ No

☐ Storm Drain

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

Lawrence D. Winkler
Commissioner of Public Works

Martha Vanderhoop
Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: Joseph Martin

DATE: 2002

COMMENTS: _____

☒ APPROVED

☐ DISAPPROVED

SIGNATURE

SKETCH PLAN

PERMIT NO.
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to be laid in accordance with the conditions in this application and the City of New Bedford ordinances. 3306PD

TYPE OF USE: ☒ RESIDENTIAL ☐ COMMERICAL ☐ INDUSTRIAL ☐ OTHER sewer betterment
If applicant other than actual property owner, attach Letter of Authorization from Property Owner.
Name see attached - court appointed Tel. _____
Mailing Address _____

The ~~Bonded~~ Contractor/Drain Layer authorized to perform this work is: TBCI
August Backhoe Services 324 Bridge St. Fairhaven 508-994-1493
Name Address Tel.

Type of Pipe Required: S.D.R. 35 pvc
* PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE

- * Requires separate connections for sewage and storm drain where applicable. Storm water cannot be discharged to a sanitary sewer.
- * All work must be inspected and approved by a D.P.W. inspector before backfilling.
- * If this connection is to be part of a private service shared jointly with other building owners, attach copy of Recorded Joint Maintenance Agreement.
- * Permits can be issued to Industrial and/or Commercial Applicants only upon receipt and approval by the Commissioner of Public Works of required plans and supplemental information.
- * In addition, a City-issued Industrial User Discharge Permit and/or a Sewer Extension/Connection Permit issued by the Commonwealth of Massachusetts D.E.P. shall be required by the City for Industrial Discharge into the sewer system.

Industrial User Discharge Permit No. _____ Date _____
Comm. Mass. Sewer Conn./Ext. Permit No. _____ Date _____

A Filing and Inspection Fee of \$150.00 plus an Entrance Fee of \$1029.00 where applicable, must accompany this application.

Bank # Compass Bank Check # 848601924 Date: 2-7-02 Receipt # 4234

Other requirements: Inspection only - stub at property line - 70' at \$14.70/ft. = \$1029.00
Owner must contact Health Dept. Re: Septic Abandonment. 150.00 fee
total \$1179.00

(Rowe St. Sewer Project) ☒ Sewer ☐ Storm Drain
Connection made to Part of jointly-shared private line ☐ Yes ☒ No

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

Lawrence D. Warden / for Martha Vanderhoop
Commissioner of Public Works Signature of Property Owner or Representative

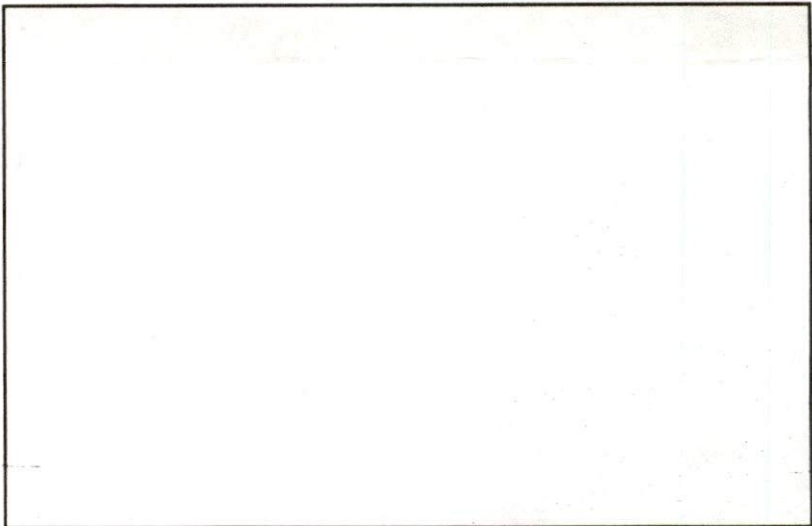
INSPECTOR'S REPORT

INSPECTED BY: _____
DATE: _____
COMMENTS: _____

☐ APPROVED ☐ DISAPPROVED

SIGNATURE

SKETCH PLAN



ON REVERSE SIDE)

USE BY
CLERKS AND
EXAMINERS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS697
REGISTERED NUMBER

STATE USE ONLY

DECEDENT

INFORMANT

DISPOSITION

CERTIFIER

nt of Death
on File: ☐ENT
ONLY

DECEDENT - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)	
Charles		W.		Vanderhoop, Jr.	M	May 30, 2001	
PLACE OF DEATH (City/Town):		COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number)			
New Bedford		Bristol		St. Luke's Hospital			
PLACE OF DEATH (Check only one): HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		SOCIAL SECURITY NUMBER		IF US WAR VETERAN SPECIFY WAR			
		025-16-3674		WWII			
WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		RACE (e.g. White, Black, American Indian, etc.) (Specify)		DECEDENT'S EDUCATION (Highest Grade Completed) Elementary Sec (9-12) College (1-4, 5+)		4	
American Indian							
AGE - Last Birthday (Yrs.)		UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo., Day, Yr.)		BIRTHPLACE (City and State or Foreign Country)	
79				Nov. 3, 1921		Aquinnah, MA	
MARRIED, NEVER MARRIED WIDOWED OR DIVORCED		LAST SPOUSE (If wid., give maiden name)		USUAL OCCUPATION (Prior - If Retired)		KIND OF BUSINESS OR INDUSTRY	
Widowed		Hatsuko Sugita		Sea Captain		Merchant Marine	
RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY		ZIP CODE					
38 State Rd., Aquinnah, Dukes County, Massachusetts		02535					
FATHER - FULL NAME		STATE OF BIRTH (If not in U.S., name country)		MOTHER - NAME (GIVEN) (MAIDEN)		STATE OF BIRTH (If not in the U.S., name country)	
Charles W. Vanderhoop Sr.		Massachusetts		Ethel Manning		Massachusetts	
INFORMANT'S NAME		MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE				RELATIONSHIP	
Martha H. Vanderhoop		44 State Road, Aquinnah, Massachusetts 02535				Daughter	
METHOD OF IMMEDIATE DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTH. SPEC.		FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE		LICENSE #			
		Michael R. Hoyt		6351			
PLACE OF DISPOSITION (Name of Cemetery, Crematory or other)		LOCATION (City/Town, State)					
Gay Head Cemetery		Aquinnah, MA					
DATE OF DISPOSITION (Mo., Day, Yr.)		NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE					
June 6, 2001		Chapman, Cole & Gleason, Edgartown Rd., Oak Bluffs, MA 02557					
PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the words of report, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d) PRINT OR TYPE LEGIBLY.		Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Years					
a. Coronary Artery Disease		Years					
b. Ischemic Cardiomyopathy		Years					
c. Atrial Fibrillation		Years					
d. Type 2 Diabetes Mellitus		Years					
PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.		WAS AUTOPSY PERFORMED? (Yes or No)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)			
		NO					
MED. EXAM. NOTIFIED? (Yes or No)		MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED		DATE OF INJURY (Mo., Day, Yr.)		TIME OF INJURY	
YES							
DESCRIBE HOW INJURY OCCURRED		PLACE OF INJURY (At home, farm, street, factory, office bldg., etc.) Specify		LOCATION (No. & St., City/Town, State)			
35a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. (Signature and Title)		35b DATE SIGNED (Mo., Day, Yr.)		35c HOUR OF DEATH		35d	
[Signature]		May 30, 2001		2:10 P.M.			
NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER		36a		36b		36c	
NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)		37a On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) stated. (Signature and Title)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
Siroth Charnoud, MD 570 Hawthorn St. N. Dartmouth, MA		[Signature]					
38 WAS THERE A PRONOUNCEMENT FORM? (Yes or No)		38a IF YES, DATE PRONOUNCED		38b IF YES, TIME PRONOUNCED		38c NAME OF PRONOUNCER	
NO							
DATE BURIAL PERMIT ISSUED		570		RECEIVED IN THE CITY/TOWN		DATE OF RECORD	
JUNE 1, 2001				NEW BEDFORD		June 1, 2001	
SIGNATURE - GO. OF HEALTH AGENT		41		CLERK'S SIGNATURE		42	
[Signature]				[Signature]			

JUN 30

Date Issued

A TRUE COPY ATTEST

[Signature]

C.M.C.

CITY CLERK - NEW BEDFORD, MA



**CITY OF NEW BEDFORD
MASSACHUSETTS**

DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION
133 WILLIAM STREET, ROOM 303
NEW BEDFORD, MA 02740
Tel: (508) 979-1527
Fax: (508) 961-3043

May 7, 2002

To Whom It May Concern:

**74 Oakdale Street, New Bedford, Ma.
Plot 74 Lot 44**

Was connected to the City's sewerage system in 2002. Permit # 23182 was issued to this location.



Ed Batista
Old Colony Mortgage
Tel: 508-672-3500
Fax: 508-678-8241

FACSIMILE COVER PAGE

Subject:

Pages Inc Cover:

To:

MARY

Date:

5/07/02

MESSAGE:

Could you please FAX Back
to Me @ 508 6788241
my Phone # 508 672-3500

Thank3

Ed Batista

May 6, 2002

Re: 74 Oakdale Street, New Bedford, Ma

The above referenced property has been connected to the City of New Bedford, wastewater (sewer) line.