

PERMIT NO.
23365



CITY OF NEW BEDFORD
SEWER AND/OR STORM DRAIN PERMIT

DATE 4/29/03
EXP. 4/29/04

This certifies that permission is granted to

JOANNE M. REEDY 305 HIGHLAND ST. NEW BEDFORD (508) 995-4999
Property Owner Address Tel.

to connect a sewer and/or storm drain located at 305 HIGHLAND ST. N.B.

Assessor's Plot 96, Lot 29, to the sewer and/or storm drain in LOFTUS ST. CUL-DE-SAC Street

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

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

330 GPD

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

Name LIND FERREIRA Tel. (508) 995-4999

Mailing Address 70 LAMBETH ST. NEW BEDFORD, MA 02745

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

R.J. CANESSA PO BOX 51643 N. BEDFORD, MA (508) 993 9508
Name Address Tel.

Type of Pipe Required: PVC SDR 35

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 \$ — where applicable, must accompany this application.

Bank # First Federal Savings Check # 2452 Date: 4/29/03 Receipt # 4571

Other requirements: Inspection Only per plan attached

Contractor/owner must contact Health Dept. re: septic system abandonment

Connection made to ☒ Sewer ☐ Storm Drain
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 S. Worden MHS
Commissioner of Public Works

Joanne M. Reedy
Signature of Property Owner or Representative

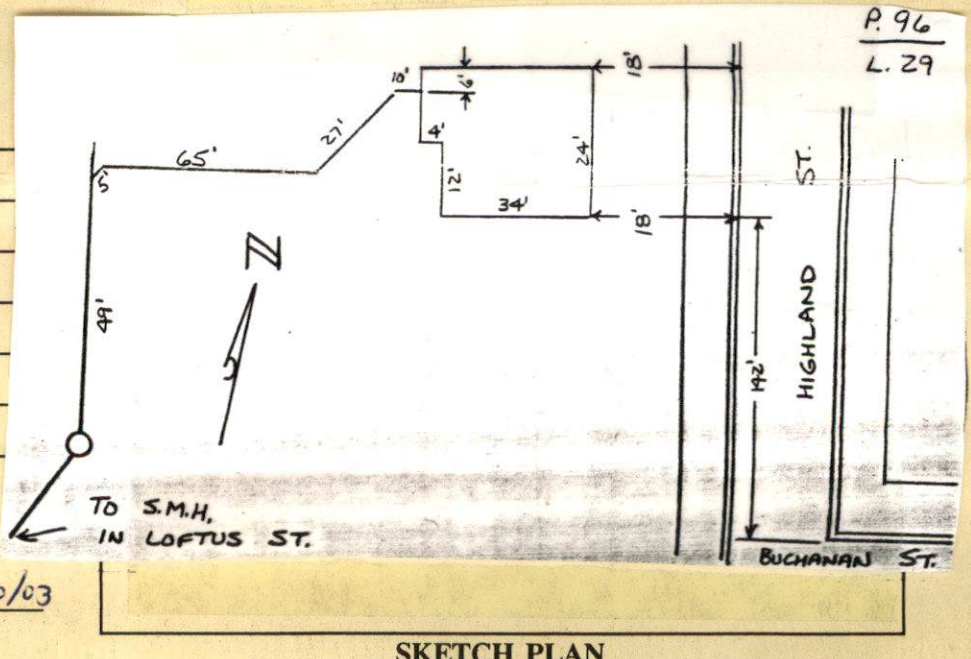
INSPECTED BY: Joseph Martin

DATE: 5-12-03

COMMENTS:

☒ APPROVED ☐ DISAPPROVED

Joseph Martin MHS 10/10/03
SIGNATURE



SKETCH PLAN

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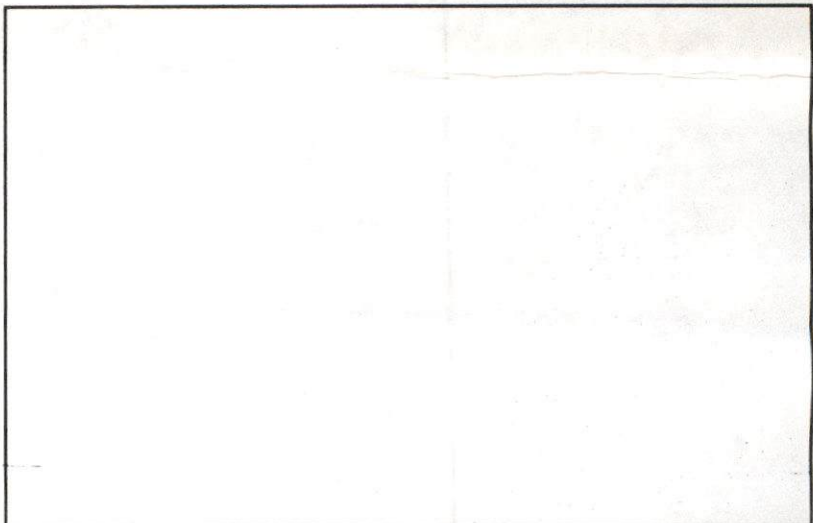
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Lawrence S. Worden MHS [Signature]
Commissioner of Public Works Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: _____
DATE: _____
COMMENTS: _____

☐ APPROVED ☐ DISAPPROVED



SIGNATURE SKETCH PLAN



**CITY OF NEW BEDFORD
MASSACHUSETTS**

DEPT. OF PUBLIC WORKS

133 WILLIAM STREET

**LAWRENCE D. WORDEN
COMMISSIONER**

To Whom It May Concern:

I, JOANNE M. REEDY, 305 HIGHLAND ST., NEW BEDFORD being
Name Mailing Address

owner of property located at 305 HIGHLAND ST.

Plot 96, Lot 29, hereby agree to allow LINO PEREIRA
Name

70 LAMBETH ST., N.B., MA 02745 to act on my behalf,
Mailing Address

including affixing my signature, in securing permits for:

☒ Sewer/Drain Service Permits
☐ Water Service Permits
☐ Driveway Installation Permits
☐ Sidewalk Installation Permits

I further agree to confirm to, and abide by, all City rules and regulations applicable to the permits(s) being applied for.

Name JOANNE M. REEDY
Print

305 HIGHLAND ST.
Address

04-29-03
Date

COMMONWEALTH OF MASSACHUSETTS

Board of Health, New Bedford, MA.

FEE 25.00

4983
4-29-03

COPY

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to ~~Construct~~ ☒ Abandon (☒ Complete System ☐ Individual Components

Location <u>305 HIGHLAND ST.</u>	Owner's Name <u>JOANNE M. REEDY</u>
Map/Parcel# <u>96</u>	Address <u>= Same =</u>
Lot# <u>29</u>	Telephone# <u>508 995-4999</u>
Installer's Name <u>Robert J. Canessa</u>	Designer's Name <u>no plan on file</u>
Address <u>417 MAIN ST. FAIRHAVEN 02717</u>	Address
Telephone# <u>508 993-9508</u>	Telephone#

Type of Building RESIDENCE Lot Size _____ sq. ft.
Dwelling - No. of Bedrooms _____ Garbage grinder ()
Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
Other Fixtures _____
Design Flow (min. required) _____ gpd Calculated design flow _____ Design flow provided _____ gpd
Plan: Date _____ Number of sheets _____ Revision Date _____
Title _____
Description of Soil(s) _____
Soil Evaluator Form No. _____ Name of Soil Evaluator _____ Date of Evaluation _____

DESCRIPTION OF REPAIRS OR ALTERATIONS

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed DPW permit 23365 Date 4-29-03

Inspections _____

No. 03-23

COMMONWEALTH OF MASSACHUSETTS

Board of Health, NEW BEDFORD, MA.

CERTIFICATE OF COMPLIANCE

FEE 25.00

Pd. # 4983

COPY

Description of Work: ☐ Individual Component(s) ☒ Complete System

The undersigned hereby certify that the Sewage Disposal System: Constructed (), Repaired (), Upgraded (), Abandoned (☒)

by: JOANNE M. REEDY

at 305 HIGHLAND ST. NEW BEDFORD MA 02746

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 03-23, dated 4-29-03. Approved Design Flow N/A (gpd)

Installer Robert J Canessa 417 Main St. Fairhaven MA

Designer: N/A

Inspector: Wm Blackburn

Date: 5-13-03