

PERMIT NO.

CITY OF NEW BEDFORD

DATE 6-6-03

23395



SEWER AND/OR STORM DRAIN PERMIT

This certifies that permission is granted to

JOSE M. DE SOUSA 1316 ROCKDALE AVE. N.B. MA. 02740  
 Property Owner Address Tel. 508 993-3223

to connect a sewer and/or storm drain located at 1316 ROCKDALE AVE.  
 Assessor's Plot 87, Lot 60, to the sewer and/or storm drain in ROCKDALE AVE 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 6PD

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

Name N/A Tel.

Mailing Address.

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

TBCI 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. N/A Date.

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

A Filing and Inspection Fee of \$150.00, plus an Entrance Fee of \$323.40 where applicable, must accompany this application.

Bank # FLEET Check # 3012 Date: 6-6-03 Receipt # 4626

Other requirements: INSPECTION ONLY SEPTIC ABANDONMENT / ROWE ST. PROTECT.

SUB. COST. 22' @ 14.70/4 = 323.40 / MUST NOTIFY HEALTH DEPT. OF SEPTIC ABANDONMENT.

☒ 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

Commissioner of Public Works

Signature of Property Owner or Representative

INSPECTOR'S REPORT

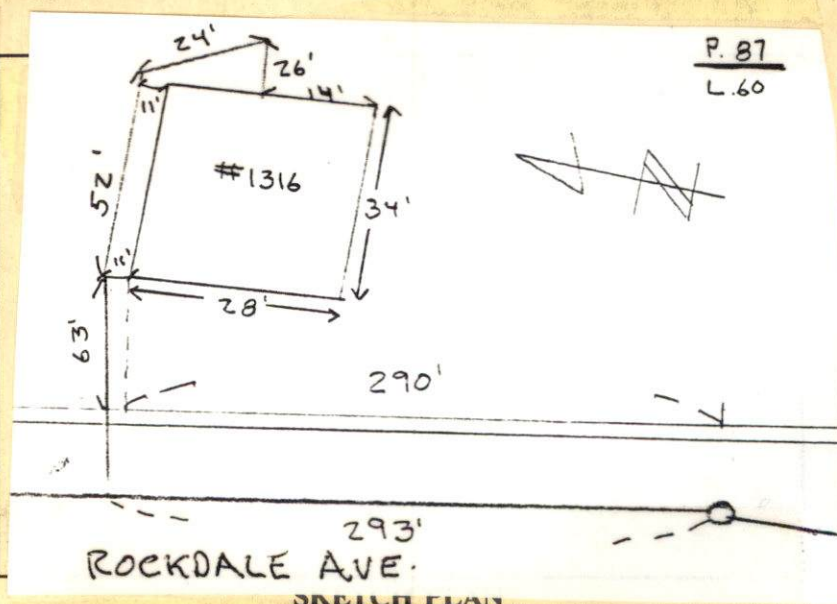
INSPECTED BY: [Signature]

DATE: 6-25-03

COMMENTS:

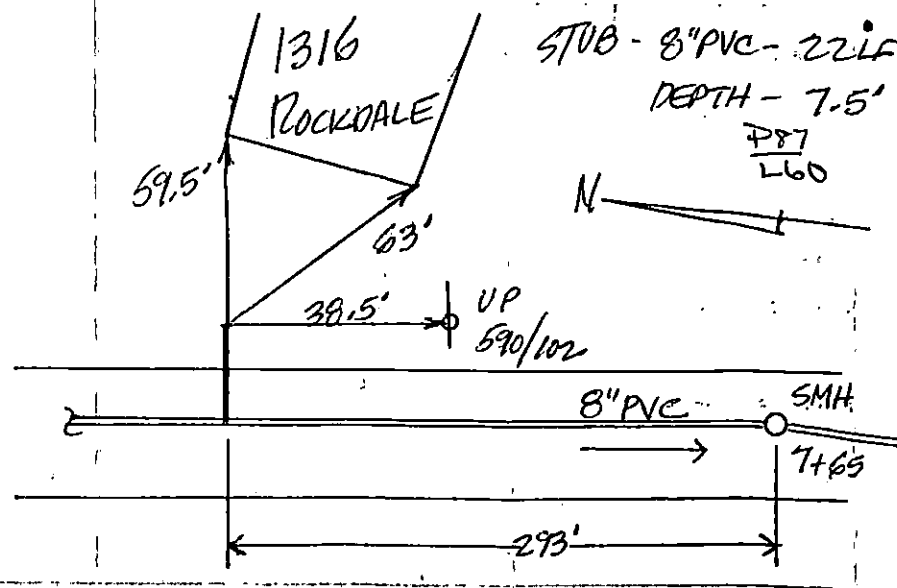
☒ APPROVED ☐ DISAPPROVED

SIGNATURE



P. 87  
L. 60





PERMIT, NO.

23395



CITY OF NEW BEDFORD

DATE 6-6-03

SEWER AND/OR STORM DRAIN PERMIT

This certifies that permission is granted to

JOSE M. DESOUSA 1316 ROCKDALE AVE. N.B. MA. 02740  
Property Owner Address Tel. 508 993-3223

to connect a sewer and/or storm drain located at 1316 ROCKDALE AVE.  
Assessor's Plot 87, Lot 60, to the sewer and/or storm drain in ROCKDALE AVE 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 N/A Tel.

Mailing Address.

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

FRANKLIN BROS. 4393 ACUSHNET AVE NB MA 508-998-8270  
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. N/A Date.

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

A Filing and Inspection Fee of \$150.00, plus an Entrance Fee of \$323.40 where applicable, must accompany this application.

Bank # FLEET Check # 3012 Date: 6-6-03 Receipt # 4626

Other requirements: INSPECTION ONLY SEPTIC ABANDONMENT / ROWE ST. PROTECT.

SUB. COST 22' @ 14.70/ft = 323.40 / MUST NOTIFY HEALTH DEPT. OF SEPTIC ABANDONMENT.

☒ 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

Commissioner of Public Works

Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY:

DATE:

COMMENTS:

☐ APPROVED

☐ DISAPPROVED

SIGNATURE

SKETCH PLAN

No. 03-30

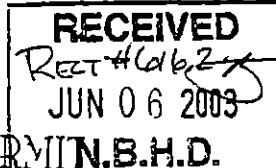
=MODIFIED=

COPY

FEE \$ 25.00

DEPARTMENT OF HEALTH  
ENVIRONMENTAL HEALTH  
1213 PURCHASE ST.  
NEW BEDFORD, MA 02740-6636

## COMMONWEALTH OF MASSACHUSETTS

Board of Health, New Bedford, MA.APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT **N.B.H.D.**Application for a Permit to ~~Construct~~ ☒ ~~Repair~~ ☐ ~~Upgrade~~ ☐ ~~Abandon~~ ☐ Complete System ☐ Individual Components

Location <u>1316 ROCKDALE AVE., N. BEDFORD</u>	Owner's Name <u>JOSE M. DE SOUSA</u>
Map/Parcel# <u>87</u>	Address <u>1316 ROCKDALE AVE., N.B. 02740</u>
Lot# <u>60</u>	Telephone# <u>508-993-3223</u>
Installer's Name <u>FRANKLIN BROSINE</u>	Designer's Name <u>NO PLAN ON FILE</u>
Address	Address
Telephone#	Telephone#

Type of Building SINGLE 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 ABANDONMENT OF SEPTIC SYSTEM IN ORDER TO CONNECT TO CITY SEWER.

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 23395 Date 6-6-03  
exp 6-6-04

Inspections T. H. V 8-9-95 Peter D. Latta PASSED

No. 03-30

## COMMONWEALTH OF MASSACHUSETTS

FEE \$ 25.00Board of Health, NEW BEDFORD, MA.

## CERTIFICATE OF COMPLIANCE

Description of Work: ☐ Individual Component(s) ☒ Complete SystemThe undersigned hereby certify that the Sewage Disposal System: Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned (☒)by: JOSE M. DE SOUSAat 1316 ROCKDALE AVE., NEW BEDFORD MA 02740

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. 23395 dated 6-6-03. Approved Design Flow N/A (gpd).

Installer FRANKLIN BROSINE 4393 ACUSHNET AVE., N.B.

Designer: \_\_\_\_\_ Inspector: Jim Blackburn Date: 7-28-03