

PERMIT NO.

23396



CITY OF NEW BEDFORD

DATE 6/11/03

Exp. 6/11/04

SEWER AND/OR STORM DRAIN PERMIT

This certifies that permission is granted to

Christine G. Day 3244 Acushnet Ave. NB, MA 508-995-3179  
Property Owner Address Tel.

to connect a sewer and/or storm drain located at 3244 Acushnet Ave.  
Assessor's Plot 132I, Lot 52, to the sewer and/or storm drain in Acushnet 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 Tel.

Mailing Address

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

Acushnet Trench (John Galda)  
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 \$1500, plus an Entrance Fee of \$142.50 where applicable, must accompany this application.

Bank # Sovereign Bank Check # 814 Date: 6/11/03 Receipt #

Other requirements: Insp. Only - Connect sewer line to stub at  
property line stub 28 1/2 ft. x \$5.00 = 142.50

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 D. Worden  
Commissioner of Public Works

Christine G. Day  
Signature of Property Owner or Representative

INSPECTED BY: Kevin J. Connelley

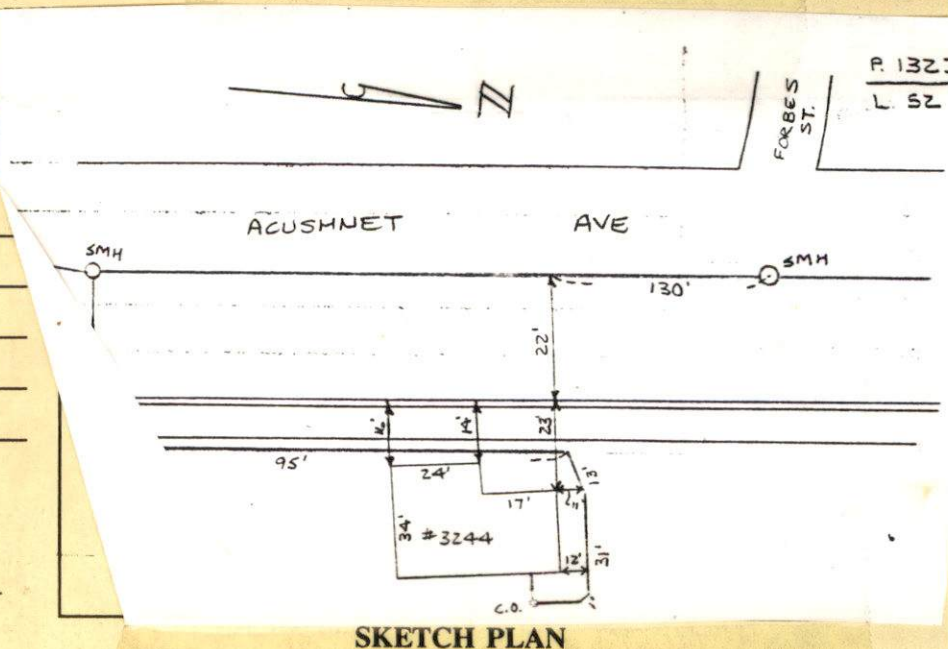
DATE: 8/19/03

COMMENTS:

☒ APPROVED ☐ DISAPPROVED

Kevin J. Connelley

SIGNATURE





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Property Owner Address Tel.

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Lawrence O. Worden  
Commissioner of Public Works

Christine G. Day  
Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY:

DATE:

COMMENTS:

☐ APPROVED

☐ DISAPPROVED

SIGNATURE

SKETCH PLAN

No. 03-31FEE 25

not paid

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

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

Location <u>3244 Acushnet Ave</u>	Owner's Name <u>Christine G. DAY</u>
Map, Parcel# <u>132 I</u>	Address <u>3244 Acushnet Ave</u>
Lot# <u>52</u>	Telephone# <u>508 995-3179</u>
Installer's Name <u>John Galda</u>	Designer's Name <u>UNKNOWN</u>
Address <u>11 Monmouth St. Acushnet</u>	Address <u>no plan on file</u>
Telephone# <u>508 995-9819</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 330 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

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 23396 Date 6-11-03Inspections letter sent 6-12-03No. 03-31

## COMMONWEALTH OF MASSACHUSETTS

Board of Health, NEW BEDFORD, MA.FEE 25.00Per. # 151

8-21-03

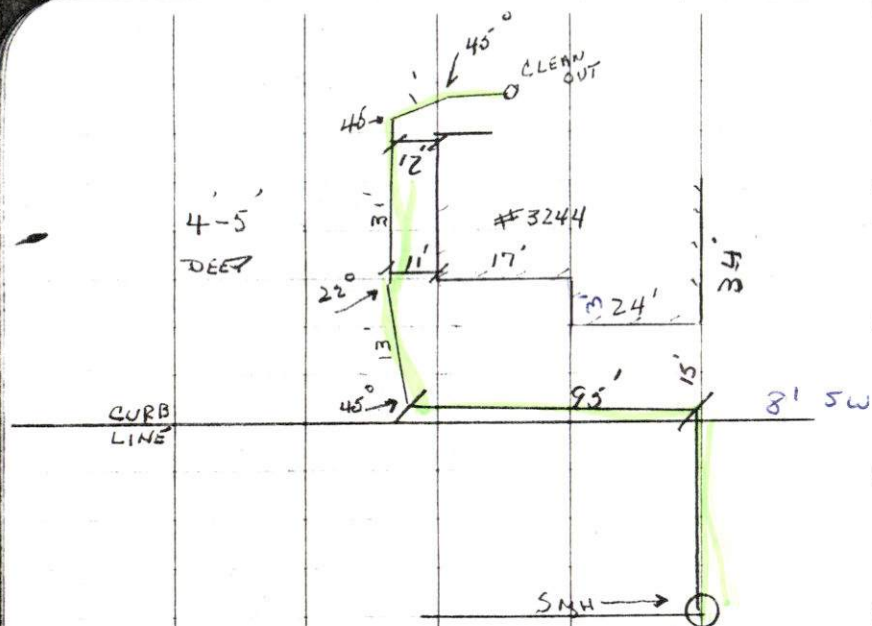
## CERTIFICATE OF COMPLIANCE

Description of Work: ☐ Individual Component(s) ☒ Complete SystemThe undersigned hereby certify that the Sewage Disposal System: Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned (☒)by: Christine G. DAYat 3244 Acushnet Ave.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. 23396, dated 6-11-03, Approved Design Flow \_\_\_\_\_ (gpd).

Installer \_\_\_\_\_

Designer: 03-31 (Abandon Permit)Inspector: Wm BlackmanDate: 8-21-03





8-19-03 SUNNY 85° (38)  
TUESDAY

#3244 ACUSHNET AVE - SEWER INSP

K. CORNELL #504

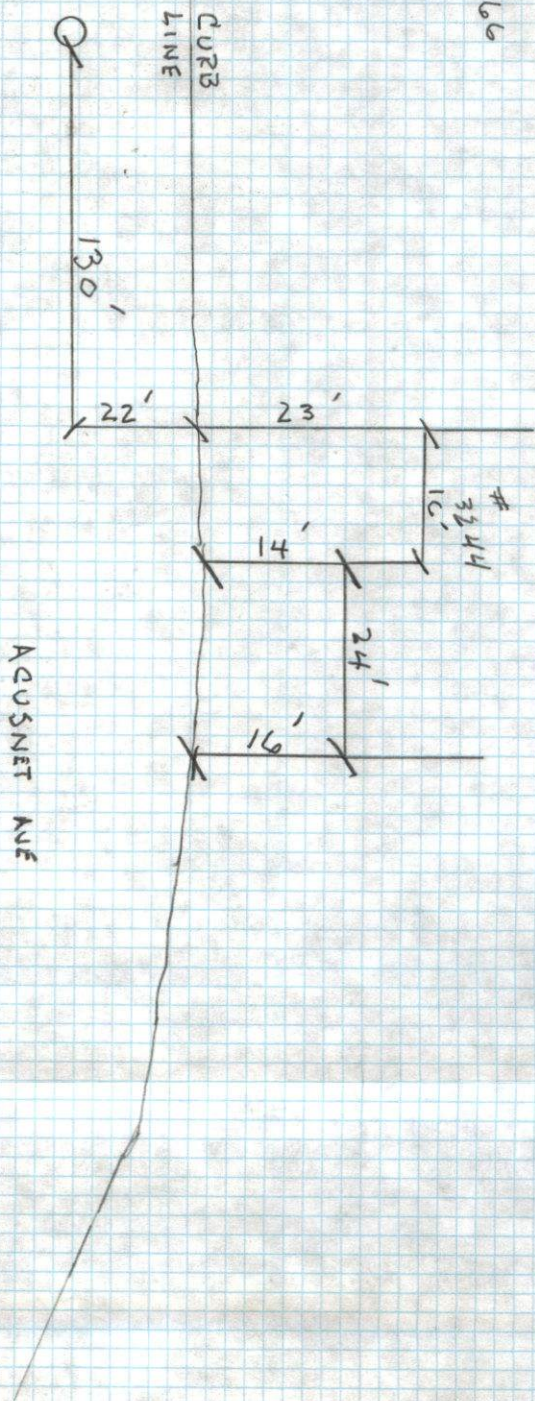
P. CONDEZ #504





# 3266

# 3344



FORBES  
ST

ACUSNET AVE

CURB  
LINE

Q

130'

22'

23'

14'

24'

16'

16'