

PERMIT NO.

23400



CITY OF NEW BEDFORD

DATE 6/13/03  
EXP 6/13/04

SEWER AND/OR STORM DRAIN PERMIT

This certifies that permission is granted to

Theresa Miranda 979 Pitt Pleasant St. New Bedford MA 02745  
Property Owner Address Tel. (508) 995-8758

to connect a sewer and/or storm drain located at Pitt Pleasant St. #979  
Assessor's Plot 1736, Lot 179, to the sewer and/or storm drain in Bonin 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 660 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: Stub at Property Line.  
Cardozo Contracting, Inc. 12 White St. Acushnet, MA 02743 (508) 998-5115  
Name Address Tel.

Type of Pipe Required: P/C SDC 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 \$202.50 where applicable, must accompany this application.

Bank # Citizens Bank Check # 3025 Date: 6/13/03 Receipt # 4631

Other requirements: Inspection Only - Duration 14 days. Sewer Project. Still Cost = 25' x \$8.10/ft  
\$202.50 plus Inspection Cost = \$150.00. Total Cost = \$352.50. Owner/contractor must file application w/ Health Dept. to abandon septic.

Connection made to ☒ Sewer 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. Woudenberg  
Commissioner of Public Works

Theresa Miranda  
Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: [Signature]

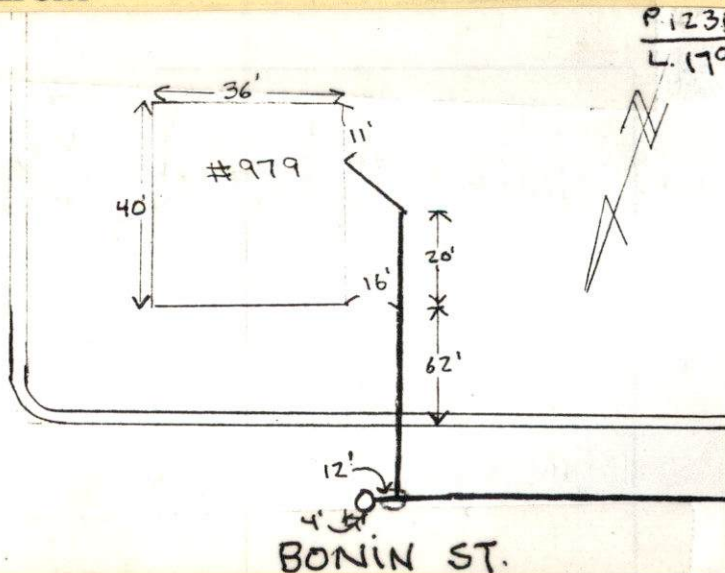
DATE: 6-27-03

COMMENTS:

☒ APPROVED ☐ DISAPPROVED

SIGNATURE

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SKETCH PLAN



DRAIN

979 Mt Pleasant St

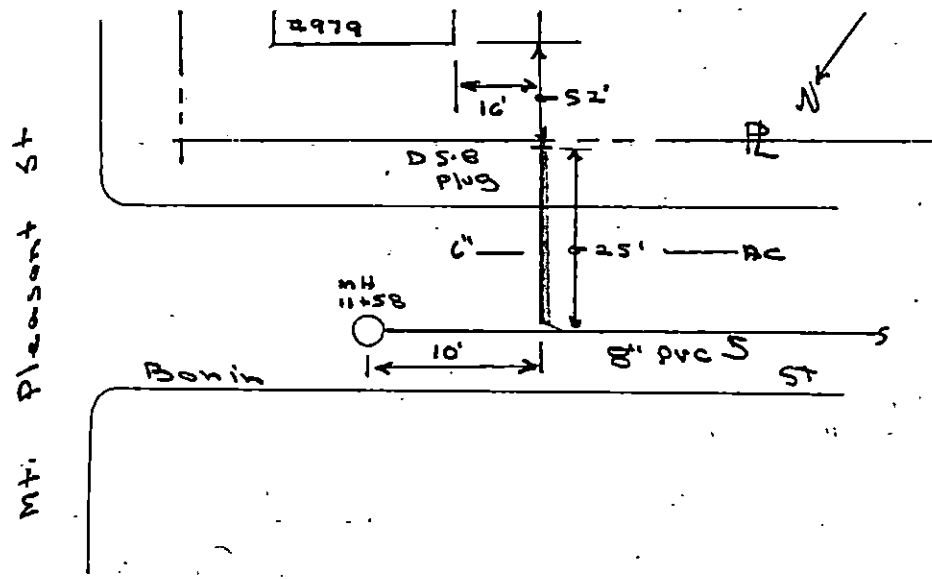
Permit

No. ....

Enters Sta 11+48 R Bonin St.

Drain Plot No. ....

From Property of .....



PERMIT NO.

23400



CITY OF NEW BEDFORD

SEWER AND/OR STORM DRAIN PERMIT

DATE 6/13/03  
EXP 6/13/04

This certifies that permission is granted to

Theresa Miranda 979 Mt. Pleasant St. New Bedford MA 02745  
Property Owner Address Tel. (508) 995-8758

to connect a sewer and/or storm drain located at Mt. Pleasant St. #979  
Assessor's Plot 173B, Lot 179, to the sewer and/or storm drain in Bour 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

660 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: Stub at Property Line.

Cardozo Contracting, Inc. 12 White St. Acushnet, MA 02743 (508) 998-5115  
Name Address Tel.

Type of Pipe Required: PVC SDR 35

PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE

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\* 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 \$202.50 where applicable, must accompany this application.

Bank # Citizens Bank Check # 3025 Date: 6/13/03 Receipt # 4631

Other requirements: Inspection Only - Aviation Way Sewer Project Stub Cost = 25' x \$8.10/ft

\$202.50 plus Inspection Cost = \$150.00 : Total Cost = \$352.50. Owner/  
contractor must file application w/ Health Dept. to abandon septic.

Connection made to ☒ Sewer 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. Wouda/ase  
Commissioner of Public Works

Theresa Miranda  
Signature of Property Owner or Representative

### INSPECTOR'S REPORT

INSPECTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

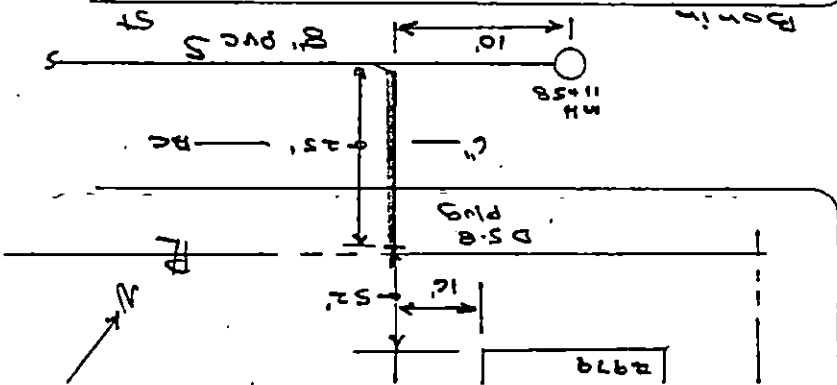
\_\_\_\_\_

☐ APPROVED ☐ DISAPPROVED

SIGNATURE

SKETCH PLAN

Mt. Pleasant St



DRAIN

Permit

No.

Enters

Drain Plot No.

From Property of

929 Mt Pleasant St

Sta 11+48 R Bonin St.



No. 03-32

=MODIFIED=

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.

permit # 6198  
dat 6-16-03  
(WB)

## APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location <u>979 MT PLEASANT ST</u>	Owner's Name <u>Theresa MIRANDA</u>
Map/Parcel# <u>123B</u>	Address <u>same</u>
Lot# <u>179</u>	Telephone#
Installer's Name <u>Nelson Cardozo</u>	Designer's Name
Address <u>12 White St. Acushnet</u>	Address <u>MA</u>
Telephone# <u>508 998-5115/8210</u>	Telephone#

Type of Building \_\_\_\_\_ 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 Amendment

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 # 23400 Date 6-13-03 (WB)

Inspections 6-16-03 permit given to Mr. Miranda to give to her contractor (13)

No. 03-32

## COMMONWEALTH OF MASSACHUSETTS

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

## CERTIFICATE OF COMPLIANCE

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

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

by: Theresa MIRANDA

at 979 MT PLEASANT ST., NEW BEDFORD

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. 23400, dated 6-13-03. Approved Design Flow \_\_\_\_\_ (gpd)

Installer Nelson Cardozo Contracting Inc 12 White St, Acushnet MA

Designer: \_\_\_\_\_ Inspector: Jim Blackburn Date: 7-10-03