





PERMIT NO.

23409



CITY OF NEW BEDFORD

SEWER AND/OR STORM DRAIN PERMIT

DATE

EXP

7/1/03

6/27/03

6/27/04

7/1/04

This certifies that permission is granted to

~~JUDITH + DAVID~~ RYAN 159 ROWE ST. NB, MA 508-994-5348  
Property Owner Address Tel.

to connect a sewer and/or storm drain located at ~~SAWYER~~ 159 ROWE ST.

Assessor's Plot 87, Lot 61, to the sewer and/or storm drain in SAWYER ST. 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:

SCOTT FRANKLIN BAS 4393 Acushnet Ave NB, MA 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. Date

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

A Filing and Inspection Fee of \$150.00, plus an Entrance Fee of \$367.50 where applicable, must accompany this application.

Bank # COMPASS BANK Check # 6581 Date: 7/1/03 Receipt # 4648

Other requirements: Insp. Only Tie into Stub at Prop. Line

Rowe 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

Duarte M. Andrade (MD)  
Commissioner of Public Works  
ACTING CITY ENGINEER

Signature of Property Owner or Representative

### INSPECTOR'S REPORT

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ APPROVED ☐ DISAPPROVED

SIGNATURE

SKETCH PLAN



No. 04-1

=MODIFIED=

FEE \$ 25.00# 6274 WBDEPARTMENT 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>159 ROWE ST.</u>	Owner's Name	<u>JUDITH DAVID RYAN</u>
Map Parcel#	<u>87</u>	Address	<u>SAME</u>
Lot#	<u>61</u>	Telephone#	
Installer's Name	<u>Scott Franklin</u>	Designer's Name	<u>KEN FORTIER</u>
Address		Address	
Telephone#		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 23409 Date 7-1-04

Inspections \_\_\_\_\_

No. 04-1

## 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: JUDITH & DAVID RYANat 159 ROWE ST.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. 23409, dated 7-1-04. Approved Design Flow \_\_\_\_\_ (gpd)Installer SCOTT FRANKLIN 4393 Acushnet Ave., New Bedford MADesigner: W/A Inspector: Wm Blackburn Date: 7-28-03

From Property of \_\_\_\_\_

Drain Plot No. \_\_\_\_\_

Enters \_\_\_\_\_

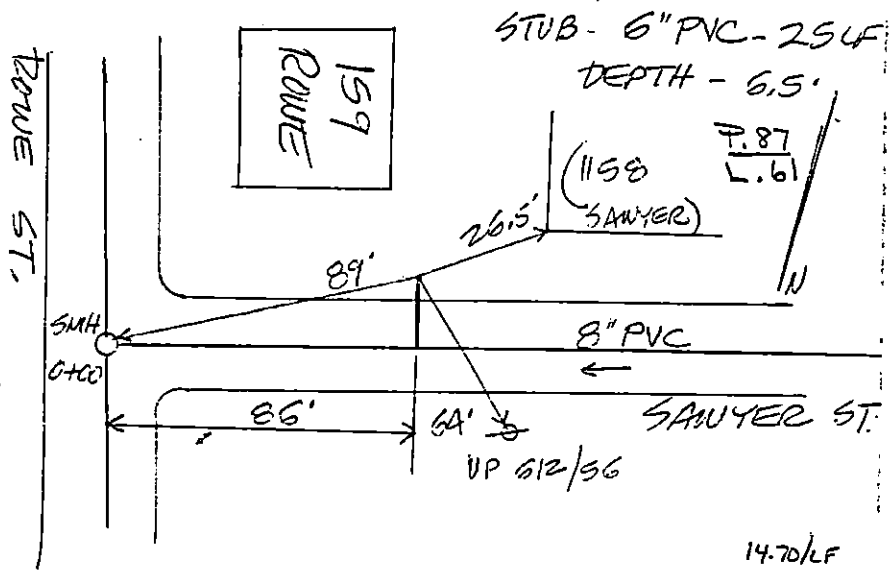
No. \_\_\_\_\_

Permit \_\_\_\_\_

DRAIN

✓

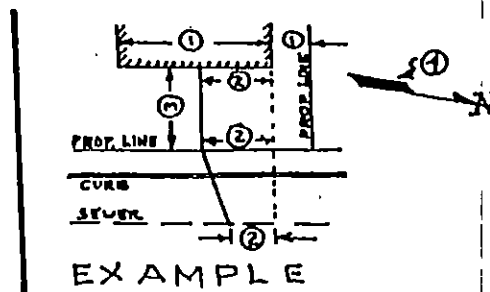
Revised ST (#159) West Side



7/8/03 — 159 ROWE ST. — FRANKLIN 15K05.

DRAIN NO. \_\_\_\_\_ OWNER \_\_\_\_\_

- ① MEASURE FRONT OF HOUSE, DISTANCE TO LOT LINE.
- ② MEASURE FROM COR. OF HOUSE TO DRAIN, DISTANCE WHERE DRAIN CROSSES PROPERTY LINE, ENTERS SEWER.
- ③ LENGTH OF DRAIN FROM FRONT PROP. LINE TO HOUSE
- ④ SHOW NORTH ARROW.
- ⑤ MEASURE FROM DRAIN TO NEAREST INTERSECTION



ROWE ST.

