

PERMIT NO.

23417



CITY OF NEW BEDFORD

DATE 7/8/03

EXP. 7/8/04

SEWER AND/OR STORM DRAIN PERMIT

This certifies that permission is granted to

Christopher Moniz 54 Sunset St. NB, MA 508-991-4392
Property Owner Address Tel.

to connect a sewer and/or storm drain located at 54 Sunset St.

Assessor's Plot 80, Lot 71, to the sewer and/or storm drain in Sunset 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

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:

Southcoast Bobcat

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 \$550.00 where applicable, must accompany this application.

Bank # Check # Date 7/8/03 Receipt # 4652

Other requirements: Insp. Only Connection to Stub

at Prop. Line Total: \$700.00

25' stub @ \$28/L.F. ☒ 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

Commissioner of Public Works
Acting City Engineer

Signature of Property Owner or Representative

INSPECTOR'S REPORT

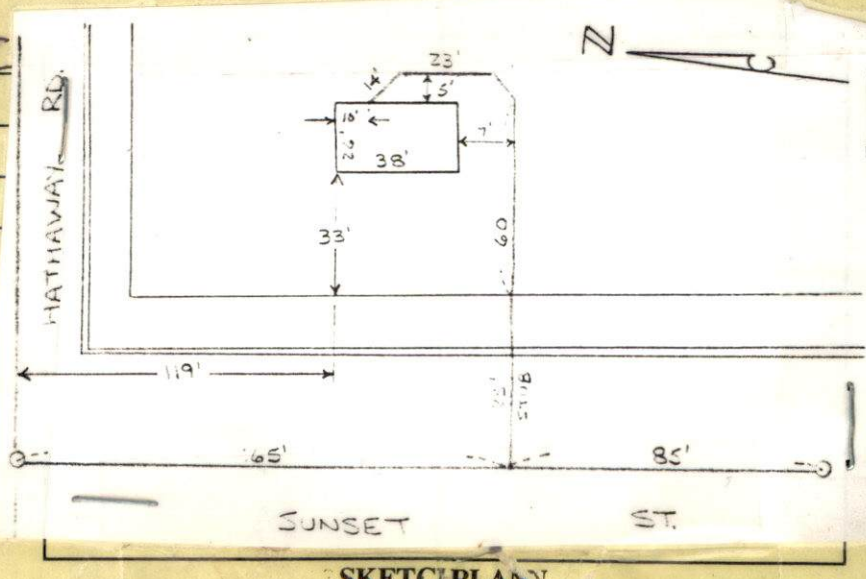
INSPECTED BY: ZEB A. / PAUC

DATE: 7-16-03

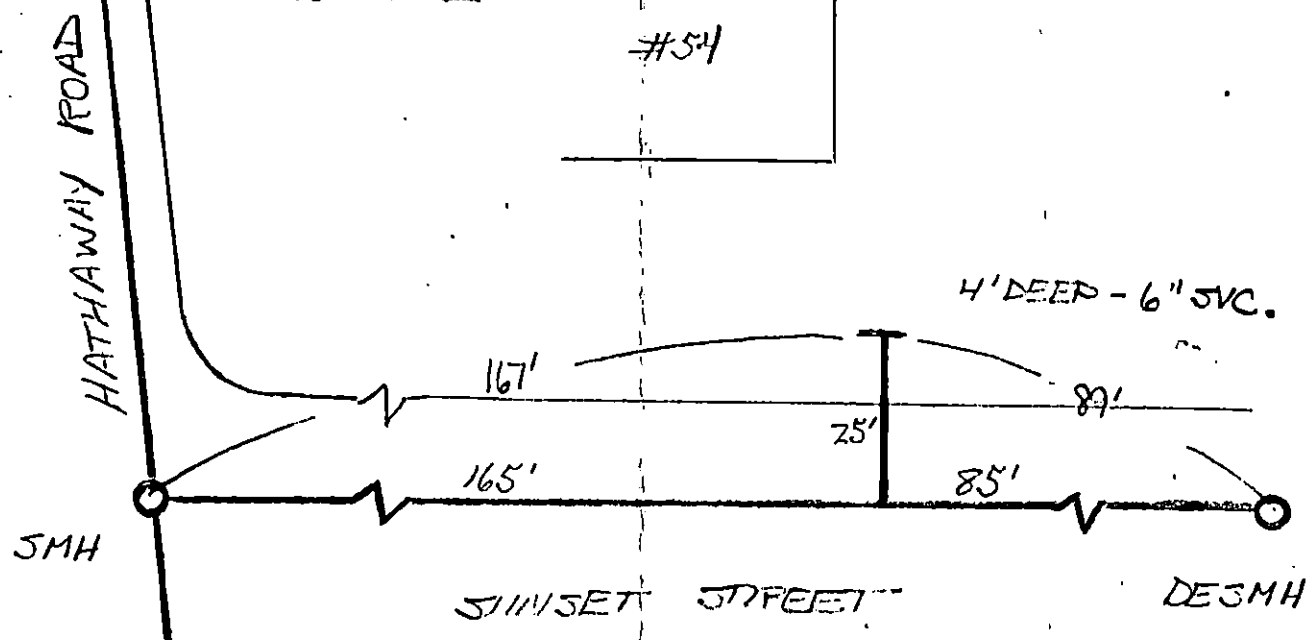
COMMENTS: O.K.

☒ APPROVED ☐ DISAPPROVED

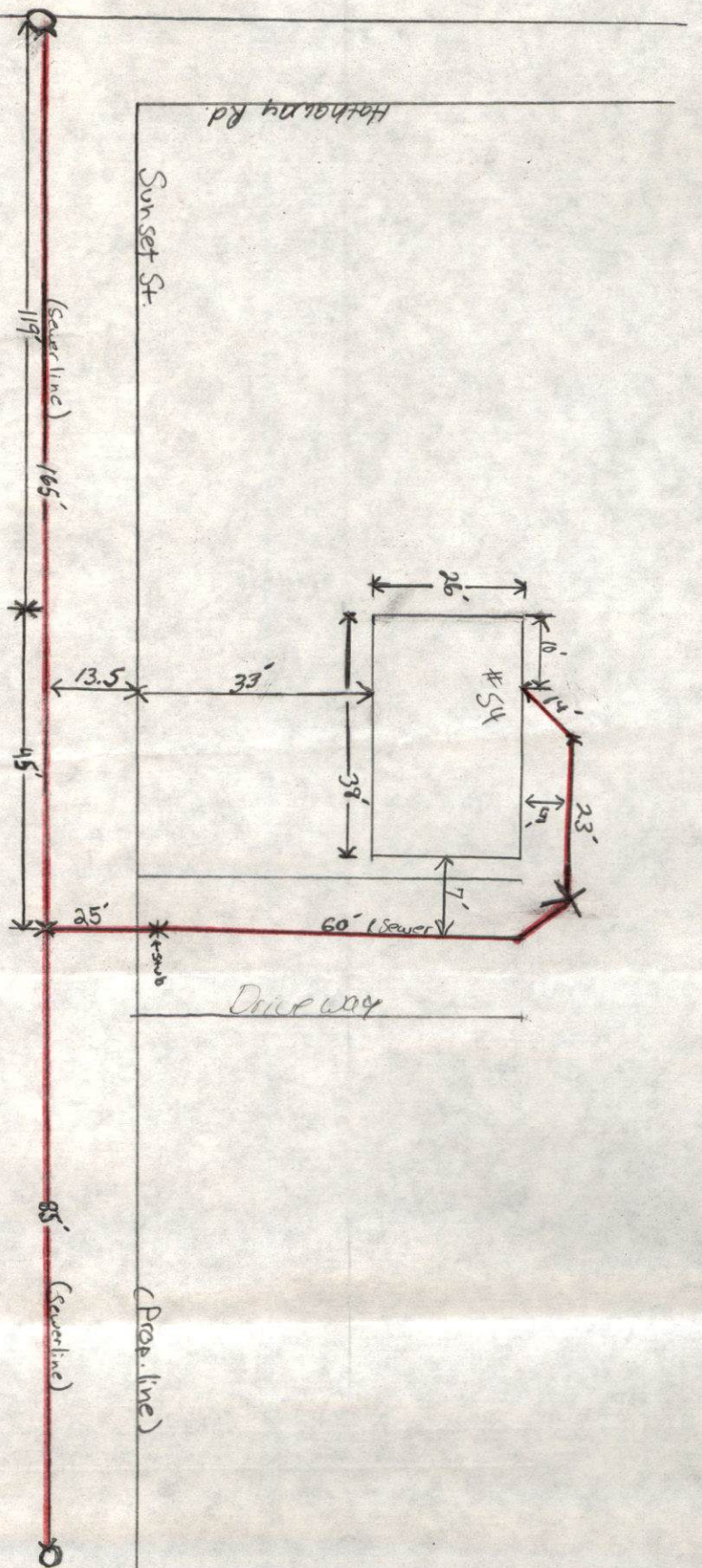
SIGNATURE



SKETCH PLAN



27 A / Block C



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220 GPD

Name Tel.

Mailing Address.

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Southcoast Bobcat
Name Address Tel.

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Industrial User Discharge Permit No. Date.

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

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Duarte M. Andrade
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

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

COMMONWEALTH OF MASSACHUSETTS

Board of Health, New Bedford, MA.

FEE 50.00

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

COPY

Application for a Permit to ~~Construct~~ ~~Install~~ ~~Alter~~ ~~Repair~~ ~~Upgrade~~ ~~Abandon~~ ☒ Complete System ☐ Individual Components

Location	<u>54 SUNSET ST.</u>	Owner's Name	<u>Christopher MONIZ</u>
Map Parcel#	<u>80</u>	Address	<u>= same =</u>
Lot#	<u>71</u>	Telephone#	<u>508 991 4392</u>
Installer's Name		Designer's Name	
Address		Address	
Telephone#		Telephone#	

Type of Building RESIDENCE Lot Size _____ sq. ft.
Dwelling - No. of Bedrooms _____ Garage 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 _____
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 # 23417 Date 7-8-03

Inspections _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, NEW BEDFORD, MA.

FEE 50.00
Pd. # 0121 dg

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 Christopher MONIZ
at 54 SUNSET 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. 23417, dated 7-8-03, Approved Design Flow _____ (gpd)

installer SOUTHCOST BOBCAT 257 Maple St N.B. 508 991-7887
Signer: Kas LeTourneau Inspector: Wm Blackburn Date: 8-11-03

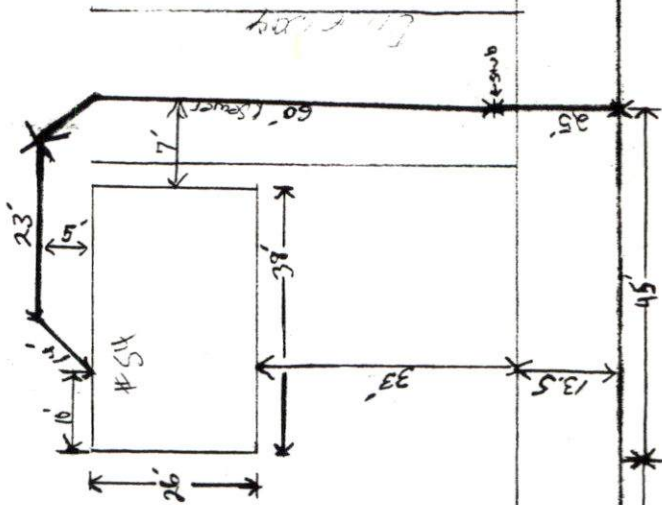
CITY OF NEW BEDFORD



Engineering Department Fax

To: PAUL GONDEZ DPI From: ENGINEERING - 508-979-1527Date: 8-6-03FAX: 508-961-3043☐ Urgent☐ For Review☐ Please Comment☐ Please Reply☐ Please Recycle# of Pages to follow 1

• Comments: SEWER INSPECTION FOR 44 SUNSET ST
SEWER TIE IN TO EXISTING STUB
THUR AUG 7 AFTER 2 PM



Sunset St.

Hathaway Rd.

(Prop. line)

(Sewer line)
119'

85' (Sewer line)

#23417-2003

Inspector w/w

(Signature)
(Date)