



SEWER AND/OR STORM DRAIN PERMIT

This certifies that permission is granted to

Christos Psychopaidas: 44 Sunset St. N.B. MA 508-999-3174
 Property Owner Address Tel.

to connect sewer and/or storm drain located at 44 Sunset St.

Assessor's Plot 80, Lot 12, to the sewer and/or storm drain in Sunset 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 g/p/day

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:

Ken LeTourneau 508-991-7887
 Name Address Tel.

Type of Pipe Required: PVC SDR 35

PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE 8-4-04

* 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: Receipt # 522

Other requirements: Inspection only - connecting to stub 25' x 22

☒ Sewer

Connection made to

☐ Storm Drain

Part of jointly-shared private line ☐ Yes ☒ No

FOR INSPECTION ONLY, A 24 HOUR NOTICE IS REQUIRED AND THE CONTRACTOR/APPLICANT IS REQUIRED TO NOTIFY THE ENGINEERING DIVISION AT 979-1527

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

[Signature]

Acting City Engineer

Christos Psychopaidas
 Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: KEVIN J CORNELL

DATE: 8-7-03

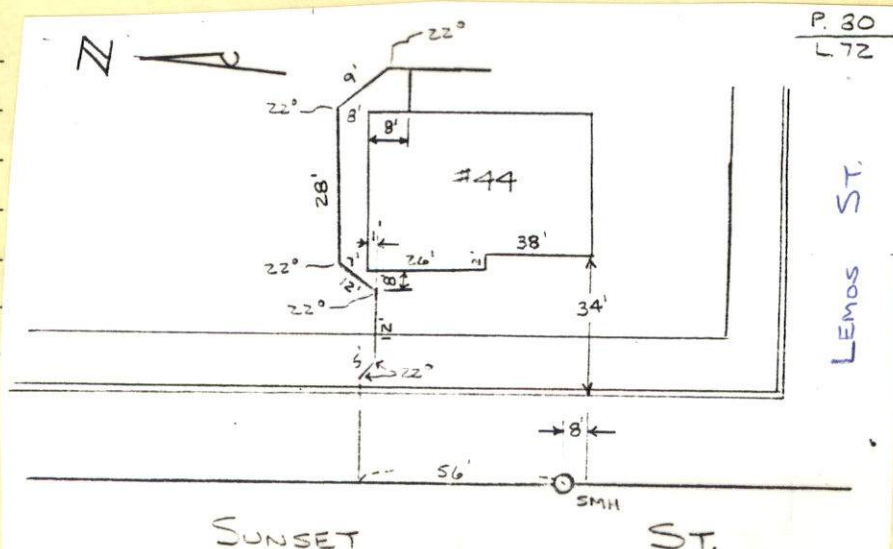
COMMENTS:

☒ APPROVED

☐ DISAPPROVED

[Signature]

SIGNATURE





SEWER AND/OR STORM DRAIN PERMIT

This certifies that permission is granted to

Christos Psychopaidas 44 Sunset St. NB- MA. 508-999-3174
Property Owner Address Tel.

to connect a sewer and/or storm drain located at 44 Sunset St.

Assessor's Plot 80, Lot 72, to the sewer and/or storm drain in Sunset 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 g/p/day

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:

Ken Letourneau 508-991-7887
Name Address Tel.

Type of Pipe Required: PVC SDR 35

PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE 8-4-04

* 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: Receipt # 522

Other requirements: Inspection only - connecting to stub: 25' x 22"

☒ Sewer

Connection made to

☐ Storm Drain

Part of jointly-shared private line ☐ Yes ☒ No

FOR INSPECTION ONLY, A 24 HOUR NOTICE IS REQUIRED AND THE CONTRACTOR/APPLICANT IS REQUIRED TO NOTIFY THE ENGINEERING DIVISION AT 979-1527

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

[Signature]

Acting City Engineer

Christos Psychopaidas

Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: _____

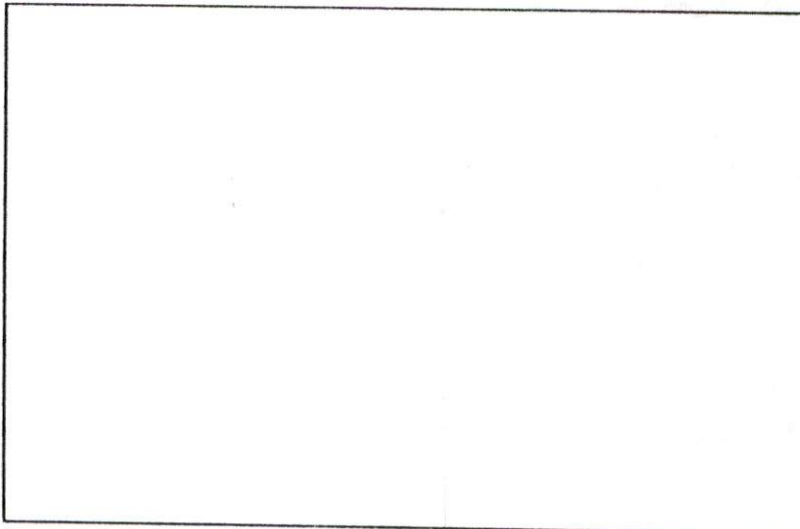
DATE: _____

COMMENTS: _____

☐ APPROVED

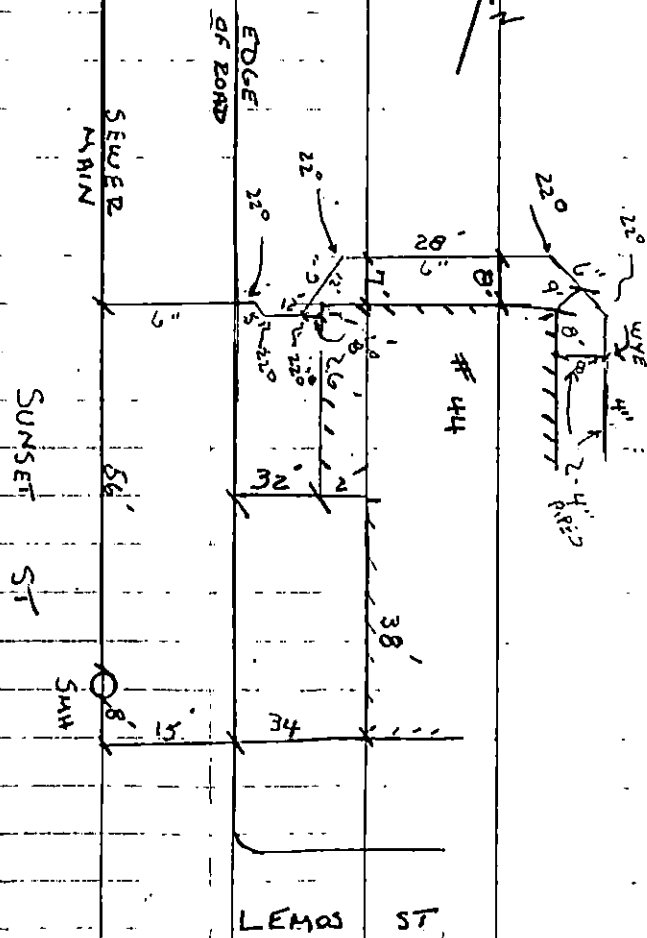
☐ DISAPPROVED

SIGNATURE



SKETCH PLAN

HATHAWAY ROAD



THURSDAY 8-7-03 CLOUDY 71° (31)

#44 SUNSET ST - SEWER INSPECTION

CONTRACTOR - KEN LETOURNEAU

598-991-7887

PERMIT # 23424

P. 80 / L 72

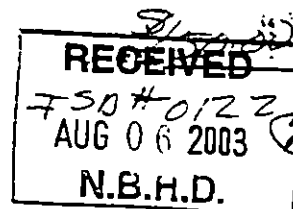
NE Corner
Lemos St

No. 04-3

=MODIFIED=

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>44 Sunset St. N.B.</u>	Owner's Name <u>Chris Psichopoulos</u>
Map Parcel# <u>80</u>	Address <u>44 Sunset St.</u>
Lot# <u>72</u>	Telephone#
Installer's Name <u>Ken Letourneau</u>	Designer's Name <u>Alphage LANDEVILLE</u>
Address <u>257 Maple St. N.B.</u>	Address <u>= deceased =</u>
Telephone# <u>508 991-7887</u>	Telephone#

Type of Building RESIDENCE Lot Size _____ sq. ft.
 Dwelling - No. of Bedrooms _____ Garage/garage
 Other - Type of Building _____ No. of persons _____ Showers _____ Cafeteria
 Other Features _____
 Design Flow min. required _____ gpd Calculated design flow _____ Design flow provided _____ gpd
 Permit Date 6-1-67 Number of needs 1 Revision Date _____
 Title _____
 Description of Soil _____
 Soil Evaluator Form No. _____ Name of Soil Evaluator _____ Date of Evaluation _____

DESCRIPTION OF REPAIRS OR ALTERATIONS Tip in to city sewer Abandon SystemDPW permit # 23429 dtd 8-4-03

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 Date 8-6-03

Inspections _____

COMMONWEALTH OF MASSACHUSETTS

Board 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 CHRISTOS PSICHOPAIDAS
44 SUNSET ST. NEW BEDFORD

as 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. 23429 dated 8-4-03 Approved Design Flow _____ (gpd)

installer SOUTHCOST BOBCAT 257 MAPLE ST. NEW BEDFORD MA 508 991-7887
 signer: _____ Inspector: Ken Letourneau 8-22-03

FEE 50.00