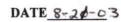




PERMIT NO. 23441

CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

This certifies that permission is granted to	
John Wantern 930 Jan	dewind St. MB 508-9962623
Property Owner Address	Tel.
To connect a sewer and/or storm drain located at	930 Tradewind St.
Assessor's PlotLot to the sewer and	Vor storm drain in Tradewind Street
To be laid in accordance with the conditions in this appli TYPE OF USE: RESIDENTIAL COMME	
If applicant other than actual property owner, attach Lett	er of Authorization from Property Owner.
	Tel
The Bonded Contractor/Drain Layer authorized	to perform this work is:
A J J	view St NB 508-992-7023.
Type of Pine Required: SDR 35	PVC
DEDMIT EVBIDES ONE VEAD AFTED DATE OF	connecting to stub
Requires separate connections for sewage and s	ISSUE 8-20-04 connecting to stub torm drain where applicable. Storm water cannot be discharged to a
sanitary sewer.	
All work must be inspected and approved by a I If this compaction is to be part of a private service.	D.P.I. inspector before backfilling. ce shared jointly with other building owners, attach copy of Recorded
Joint Maintenance Agreement.	te shared joining with other building owners, attach copy of recorded
	nercial Applicants only upon receipt and approval by the Commissioner of
Public Infrastructure of required plans and supp In addition, a City-issued Industrial User Discharge	arge Permit and/or a Sewer Extension/Connection Permit issued by the
Commonwealth of Massachusetts D.E.P. shall b	be required by the City for Industrial Discharge into the sewer system.
	Date
Comm. Mass. Sewer Conn./Ext. Permit No	Date.
A Filing and Inspection Fee of \$1.50.10 plus an Enti-	rance Fee of \$40.7.50 where applicable, must accompany this application.
Bank#Credit Union Check# 2	143 Date 8-21-63 Receipt# 4695
Other requirements: inspection only	for stub connection
, , ,	
2-5 X (a' 10 + 170 ungle +	permit
Connection made to Part of join	tly-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	Infrastructure and/or City Engineer may deem necessary
Duaste M. andrade	John P. Warter
Acting City Engineer /mm	Signature of Property Owner or Representative
IN	SPECTOR'S REPORT
INSPECTED BY: Place 5 Could DATE: 9-11-2003	9.770
COMMENTS:	P. 180
	SAKDNER ST. H.
APPROVED DISAPPROVED	Q SMA
	TRADEWIND % ST.
Herri 5 Could	3.7
SIGNATURE	70, 7 70,
	15' 20'
	55'
	m #930





PERMIT NO. 23441

CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

This certifies that permission is granted to
John Wasters 930 hadewind St. NB 508-9962623. Property Owner Address Tel.
To connect a sewer and/or storm drain located at 930 Inadewind St.
Assessor's Plot 120 Lot 41 , to the sewer and/or storm drain in Inadewind Street
To be laid in accordance with the conditions in this application and the City of New Bedford ordinances. TYPE OF USE: RESIDENTIAL COMMERCIAL INDUSTRIAL OTHER 3309pd
f applicant other than actual property owner, attach Letter of Authorization from Property Owner. Name
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.I. 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 Infrastructure 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
Acting City Engineer / Mr Signature of Property Owner or Representative
INSPECTOR'S REPORT
INSPECTED BY: DATE: COMMENTS:
APPROVED DISAPPROVED
SIGNATURE

SKETCH PLAN

COMMONWEALTH OF MASSACHUSETTS

Board of Health, New Bedford MA

RECEIVED +50+018 2 SEP 0.9 2003

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERM

SEP 0 9 2003 N.B.H.D.

Map. Parcell 120	Owner's Name John Warty S
	ideress 930 [William 25+
Luc= 4)	Telephone 518 9962623
Installer, Name W. C. Sm. th. Fon INC.	Designer's Name
idates 5% Ridgewood Pd. N.B	Address
-eleanone 517-995-1449	Telephone=
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ter - Type of Building	No. of persons Showers Showers
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u Date Number of sheets	Remain Date
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Evaluator Form No Nume of Soc. E.	aa: Date (Enapation
in the name of the case and the state of the	etvage Discousal System in accordance onto the provisions of TITE 5.
a 32	ficate of Compliance has been issued by the Robert of Marich
a 30 M	fidate of Compliance has been issued by the Robel of Habita
ter refree rich and to place the system in operation until 1 Certains	fidate of Compliance has been issued by the Robel of Habita
2 An Marie 10 system at operation and 1 Certifications Society of the system at operation and 1 Certification and 1 Certifica	fidate of Compliance has been issued by the Robel of Habita
No. 04-5 COMMONWEAL	ficate of Compliance has been issued by the Board of Health.
do. 04-5 COMMONWEAL Board of Health, N	TH OF MASSACHUSETTS ## 182
No. 04-5 COMMONWEAL Board of Health, N CERTIFICAT	TH OF MASSACHUSETTS # 182 / 4-9-2
Board of Health, N CERTIFICAT Description of Work: Individual Component(s) Component (s) Component (s) Component (s)	TH OF MASSACHUSETTS # 50 # 182 9-9-2 TE OF COMPLIANCE
Board of Health, N CERTIFICAT Description of Work: Individual Component(s) Comp The undersigned hereby certify that the Sewage Disposal System BY: John WARTERS	TH OF MASSACHUSETTS FEE 50 # 182 9-9-2 THOF COMPLIANCE Silete System m; Constructed (). Repaired (), Upgraded (). Abandoned ()
Board of Health, N CERTIFICAT Description of Work: Individual Component(s) Comp The undersigned hereby certify that the Sewage Disposal System Board of Health, N CERTIFICAT Description of Work: Individual Component(s) Comp The undersigned hereby certify that the Sewage Disposal System Board of Health, N CERTIFICAT Description of Work: Individual Component(s) Comp The undersigned hereby certify that the Sewage Disposal System Board of Health, N CERTIFICAT Description of Work: Individual Component(s) Comp The undersigned hereby certify that the Sewage Disposal System Board of Health, N CERTIFICAT Description of Work: Individual Component(s) Comp The undersigned hereby certify that the Sewage Disposal System Board of Health, N CERTIFICAT Description of Work: Individual Component(s) Comp The undersigned hereby certify that the Sewage Disposal System Board of Health, N CERTIFICAT Description of Work: Individual Component(s) Comp The undersigned hereby certify that the Sewage Disposal System Board of Health, N CERTIFICAT Description of Work: Individual Component(s) Comp The undersigned hereby certify that the Sewage Disposal System Board of Health, N CERTIFICAT Description of Work: Individual Component(s) Comp The undersigned hereby certify that the Sewage Disposal System Board of Health, N CERTIFICAT Description of Work: Individual Component(s) Comp The undersigned hereby certify that the Sewage Disposal System Board of Health, N CERTIFICAT Description of Work: Individual Component(s) Comp The undersigned hereby Certify that the Sewage Disposal System Board of Health, N CERTIFICAT Description of Work: Individual Component(s) Comp Description of Work: Individual Component (s) Comp The undersigned hereby Certify that the Sewage Disposal System Board of Health, N CERTIFICAT Description of Work: Individual Component (s) Comp The undersigned hereby Certify that the Sewage Disposal System Board of Health (s) Comp The undersigned hereby Certify that the Sewage Disposal	TH OF MASSACHUSETTS FEE 50 FEE 50 FEE 50 FEE 60 FEE 70 7 FEE 50 FEE 50
Board of Health, N CERTIFICAT Description of Work: Individual Component(s) Component Sewage Disposal System Output Component Sewage Disposal Se	TH OF MASSACHUSETTS FEE 50 # 182 9-9-2 TH OF COMPLIANCE Select System In: Constructed (). Repaired (), Upgraded (). Abandoned () SEOFIRD (R. 15.00 (Title 5) and the approved design plans (as built plans relationship).

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