

PERMIT NO.

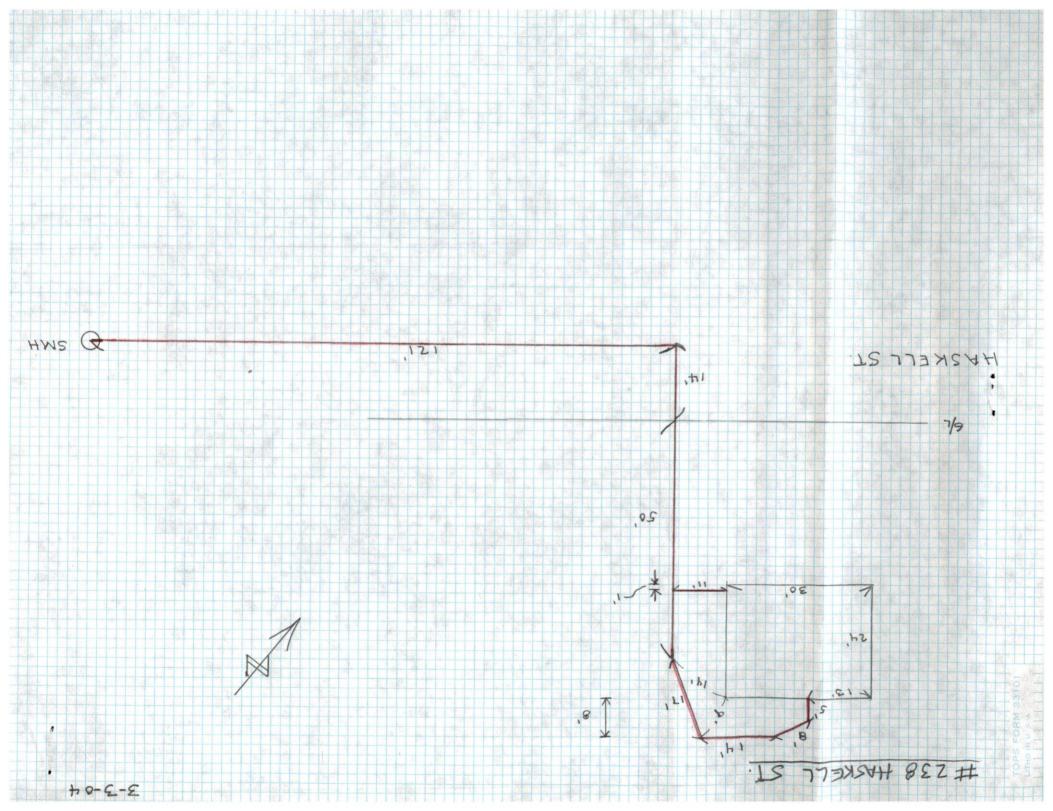
CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

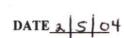
DATE 2 5 04

23517
This certifies that permission is granted to

Thomas Monast 238 Haskell St. NB 508-9989452 Property Owner Address Tel.
To connect a sewer and/or storm drain located at. Stub. on Haskell St.
Assessor's Plot 1.23. A. Lot
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
If applicant other than actual property owner, attach Letter of Authorization from Property Owner. Name
Mailing Address
The Bonded Contractor/Drain Layer authorized to perform this work is: John Golda II Manmouth St. Acushnet Ma 508-995-9819
Name Address Tel. Type of Pipe Required: P.N.C. 5.D.R. 3.5
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.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
Comm. Mass. Sewer Conn./Ext. Permit No
Bank# n/a Check# 368.70 Date 25/04 Receipt# 624
Other requirements: 24 hr. inspection notice
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 Infrastructure and/or City Engineer may deem necessary
Duaste M. Andrade/ City Engineer mn Signature of Property Owner or Representative
INSPECTOR'S REPORT
INSPECTED BY: EUZEDia ARAMI DATE: 3-3-04
DATE: 3-3-04 COMMENTS:
APPROVED DISAPPROVED
SIGNATURE

SKETCH PLAN







PERMIT NO.

CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

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Mailing Address. The Bonded Contractor/Drain Layer authorized to perform Address. Name Address	Tel
ERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE	
Joint Maintenance Agreement. Permits can be issued to Industrial and/or Commercial Appublic Infrastructure of required plans and supplemental in addition, a City-issued Industrial User Discharge Permit Commonwealth of Massachusetts D.E.P. shall be required Industrial User Discharge Permit No	pointly with other building owners, attach copy of Recorded oplicants only upon receipt and approval by the Commissioner of information. it and/or a Sewer Extension/Connection Permit issued by the by the City for Industrial Discharge into the sewer system. Date Date Date Part Receipt# Private line YES NO
Applicant agrees to abide by the above terms, as well as all other special rules as the Commissioner of Public Infrastructural City Engineer Andradel. City Engineer M.	I pertinent ordinances of the City of New Bedford, and such ucture and/or City Engineer may deem necessary Signature of Property Owner or Representative
	DR'S REPORT
INSPECTED BY:	
DATE: COMMENTS:	
APPROVED DISAPPROVED	
SIGNATURE	
	-1

SKETCH PLAN

Michelle

COMMONWEALTH OF MASSACHUSETTS

FEE 50 -Pd. # 0500

Board of Health, NEW BEDFORD , MA

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMI

Application for a Permit to Construct() Repair() Upgrade() Abandon(- Complete System U Individual Components 238 HASKOI St. Owner's Name Thomas MONAST Map/Parcel# 123A Address = same = Lot# Telephone# Installer's Name John GoldA Designer's Name Address 13 Monmorth St. Telephone# Telephone# RESIDENCE Type of Building _ Lot Size Dwelling - No. of Bedrooms ___ Garbage grinder () Other - Type of Building ____ ___ Showers (), Cafeteria () Other Fixtures Design Flow (min. required) _____ __gpd _ Calculated design flow ____ Design flow provided _____ Plan: Date ___ _____Number of sheets ___ Revision Date Title Description of Soil(s) ___ Name of Soil Evaluator Soil Evaluator Form No. ___ DESCRIPTION OF REPAIRS OR ALTERATIONS A handon septic system DPW permit No. 23517 dated 2/5/04 (copy attached) 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 THOMAS MOURS / WB Date 2-5-04 Inspections_ No. 64-15 COMMONWEALTH OF MASSACHUSETTS Board of Health, NEW BEDFORD, MA. CERTIFICATE OF COMPLIANCE The undersigned hereby certify that the Sewage Disposal System; Constructed (), Repaired (), Upgraded (), Abandoned (THOMAS MONAST 238 HASKELL ST. NEW BEDFERD MA 02745 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

No. 64-15

application No. _____, dated ___

TRENCHING CORP.

The issuance of this permit shall not be construed as a guarantee that the system will function as designed.

NEW BEDFO ACCIHNET MA

COMMONWEALTH OF MASSACHUSETTS

Inspector: Wm Blackbur

___. Approved Design Flow ____

Il MONMONTH ST.

Board of Health, NEW BEDFORD, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; C	Construct() Repair() Upgrade() <u>Al</u>	pandon() an individual sewage disposal system
at 238 HASKELL S	and the second s	as described in the application for
Disposal System Construction Per	mit No. 64-15 , dated 2.5.04	
Provided: Construction shall be o	completed within three years of the date of	this permit. All local conditions must be met.
Form 1255 Rev. 5/96 A.M. Sulkin Co. Boston, MA	Date 2/5/04 Board of Health 4	em Blochban