

# 23693

### CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

DATE 6/1/05 EXP. 6/1/06

This certifies that permission is granted to Robert Gauthie					
St. Luke's Hospital 101 Page St.  Property Owner Address	New Deators, 1114 308-961-5216				
Property Owner Address 101 To connect a sewer and/or storm drain located at	+ on Taber St. (c.				
To connect a sewer and/or storm drain located at	Sewer to Connec				
Assessor's Plot	Irain in Page St + on Taber St Street				
To be laid in accordance with the conditions in this application and TYPE OF USE: RESIDENTIAL COMMERCIAL	INDUSTRIAL OTHER Hospital				
If applicant other than actual property owner, attach Letter of Author	s Inc. Tel 617-523-9300				
Mailing Address 275 Friend St. Boston	MA OZIIY				
The Bonded Contractor/Drain Layer authorized to perform	this work is:				
Name Address	Tol				
Type of Pipe Required PYC SDR-35 + 17	2" &CP				
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.					
<ul> <li>All work must be inspected and approved by a D.P.I. inspection.</li> <li>If this connection is to be part of a private service shared joint and in the part of a private service.</li> </ul>					
Joint Maintenance Agreement.					
	plicants only upon receipt and approval by the Commissioner of				
Public Infrastructure of required plans and supplemental in  In addition, a City-issued Industrial User Discharge Permit					
<ul> <li>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</li></ul>					
Industrial User Discharge Permit No	Date.				
Comm. Mass. Sewer Conn./Ext. Permit No	Date				
A Filing and Inspection Fee of \$.!, plus an Entrance Fee of					
Bank# Citizens Book Check# 2284	Date 6/1/2005 Receipt# 5/79				
	ig Sewer on Private Property + Storm Drain				
out to Taber St. + another out to Pa	ge St 24 hrs, notice for all inspectis				
Connection made to Sewer Required in Trenche	s in City Layout				
Connection made to Part of jointly-shared p	private line YES NO				
Applicant agrees to abide by the above terms, as well as all other special rules as the Commissioner of Public Infrastruc					
	12 0				
Durite M. andrade (95)	Mar Nam				
Acting City Engineer	Signature of Property Owner or Representative				
INSPECTO	R'S REPORT				
WORKSTON DV OV 3 T CALLED					
INSPECTED BY: Kenn 5 Could DATE: 8-15-05					
COMMENTS:					
	The second secon				
APPROVED DISAPPROVED					
	SEE PLAN ATTACHED				
Keun 5 Could	TO PERMIT				
SIGNATURE	10 TERMIN				

SKETCH PLAN



8/16/05-181 PASE ST. 59. LUKE'S HOSP. 12" STORM-D INTO SEWER-OK



PERMIT NO. 23693

## CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

DATE 6/1/05 EXP. 6/1/06

This certifies that permission is granted to Robert Gauthier
St. Luke's Hospital 101 Page St. New Bedford MA 508-961-5216  Property Owner Address 101 Page St. Tel.  To connect a sewer and/or form drain/located at.  To connect a sewer and/or form drain/located at.
Assessor's Plot 40 Lot 7, to the sewer and/or storm drain in Page St + on Taber St 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 Hospital
If applicant other than actual property owner, attach Letter of Authorization from Property Owner.  Name Steve Koxacs
Name Address Tel.  Type of Pipe Required PYC 5D2-35 + 12" PCP
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
<ul> <li>sanitary sewer.</li> <li>All work must be inspected and approved by a D.P.I. inspector before backfilling.</li> <li>If this connection is to be part of a private service shared jointly with other building owners, attach copy of Recorded Joint Maintenance Agreement.</li> </ul>
<ul> <li>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.</li> <li>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.</li> <li>Industrial User Discharge Permit No.</li> </ul>
Comm. Mass. Sewer Conn./Ext. Permit No
Bank# Citizens Bank Check# 2284 Date 6/1/2005 Receipt# 5/79  Other requirements: Insp. Only - Connect to existing Sewer on Private Property + Storm Drain
Flowable Fill to be Sewer Required in Trendes in City Layort  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
Acting City Engineer  Signature of Property Owner or Representative  Steve Kovacs
INSPECTOR'S REPORT
INCRECTED DV.
INSPECTED BY: DATE:
COMMENTS:
APPROVED DISAPPROVED
SIGNATURE
SIGNATURE

SKETCH PLAN



Duarte M. Andrade, **Acting City Engineer** 

### **CITY OF NEW BEDFORD MASSACHUSETTS**

**Engineering Department, Rm. 303** 133 William Street New Bedford, Ma. 02740 Tel: 508-979-1527

Fax: 508-961-3043

To Whom It May C	oncern:			
I ROBERT GI		ST. LYK	ES HUSPITAL	
Pane	0	101 00		
1 KOBERT GA	HUTHER	101 PA	GE ST	, being
(Ivame)		(Mailing Au	uress)	
Owner of property l	ocated at/	OI PAGE	ST	
Plot 40, Lot		reby agree to al	low MONITOR (Name)	BHILDERS INC
225 FRIEND S	ST BOSTON 1	7A 02117, to a	ct on my behalf ind	cluding affixing my
(Mailing	Address)	·	•	8 - 7
signature in securing	g permit for:			
g	S Por mire rout			
	VS	ewer/Drain Sei	rvice Permits	
		<b>Vater Service P</b>		
		Priveway Instal	lation Permits	
	S	idewalk Install	ation Permits	
I further agree to co the permit (s) being		oide by, All City	y rules and ask reg	ulations applicable to
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				and the second s
	Name /	out 1	Coule	in
		Signature	Robert Gauth	nier
		Address		
		961-57	216	
	Date	101	Telephone	e number