



PERMIT NO.
23850

CITY OF NEW BEDFORD
SEWER AND/OR STORM DRAIN PERMIT

DATE 6/27/06
EXP. 6/27/07

This certifies that permission is granted to

Property Owner Southwest Hospitals Group, Inc. Address 101 Page St. NB, MA Tel. 508-961-5148

To connect a sewer and/or storm drain located at Page St. (ws) 230' S x Hawthorn St

Assessor's Plot 40 Lot 3, to the sewer and/or storm drain in Page 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 Parking Lot

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:

K. P. Rezendes 3 Sammy's Lane Assonet MA 508-644-5795

Name..... Address..... Tel.....

Type of Pipe Required: 15" HDPE

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..... Date.....

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

A Filing and Inspection Fee of \$150, plus an Entrance Fee of \$..... where applicable, must accompany this application.

Bank# Fleet Check# 538213 Date 6/27/06 Receipt# 6383

Other requirements: Insp Only - Install 15" Storm Drain, 4 Catch Basins + 1

Manhole, 24 hrs. notice for all inspections, Flowable fill in trench on City Property. Sewer

Connection made to Storm Drain Part of jointly-shared private line YES NO

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

Duarte M. Andrade
Acting City Engineer

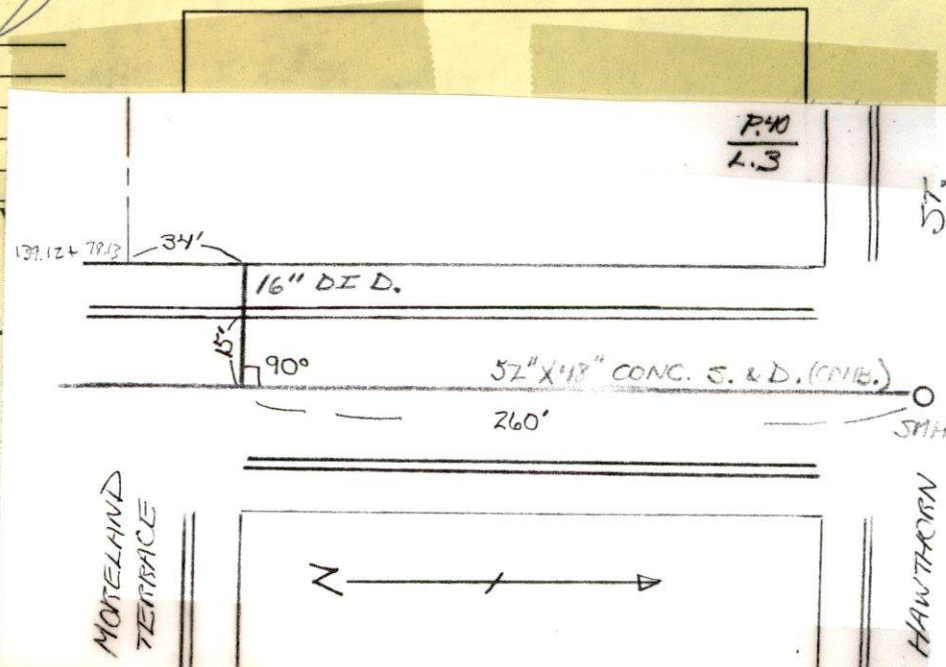
John Duques
Signature of Property Owner or Representative

INSPECTOR'S REPORT

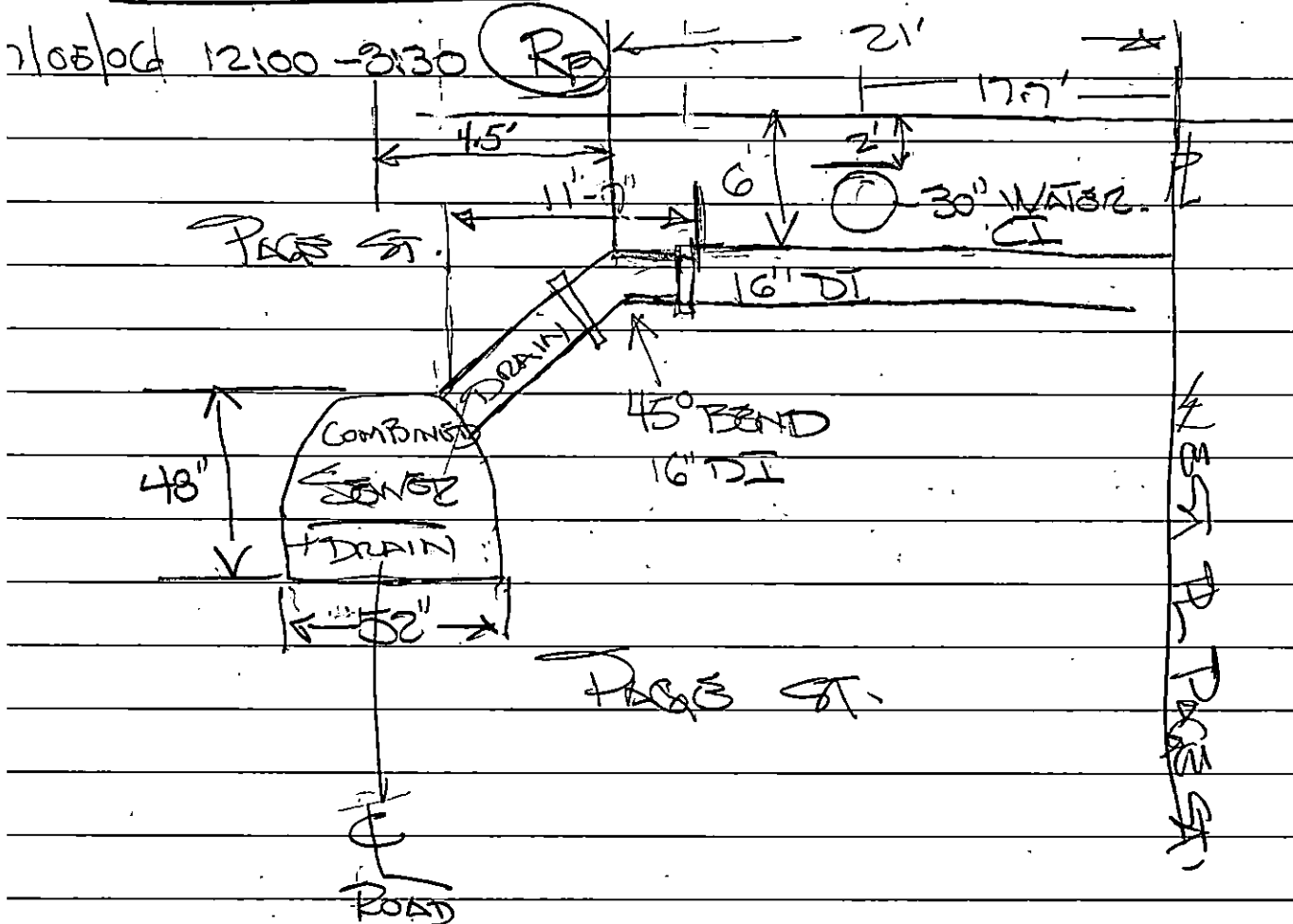
INSPECTED BY: [Signature]
DATE: 7/05/06
COMMENTS:

APPROVED DISAPPROVED

SIGNATURE



DRAIN TIE-IN - CATCH BASIN for HOSPITAL PARKING



TOLD LIBBY TO LEVEL OUT FRONT BUCKET of BACKHOE or IT WILL CUT INTO ROAD & THEY'LL BE REPAIRING PASS ST BEYOND THEIR CUT.

800 - Sunny - Jan 17 ST

PAUL'S SALES.

7300 SALES DEBS.

CONCRETE PAUL CONSTRUCTION

PAUL MA. 992-7897

ST 1:30 - LAMP POST MOVED

BACK LAMP POST MOVED

MAINT. P.D.

CONTINUED - DEBS GOING TO FOUR

THIRD CONCRETE CORPORATION (PAUL)

4TH STREET CONCRETE BEFORE FLOODING

FOURTH 4TH STREET WALK

NORTH SIDE OF STREET

4TH HC RAMP @ NE COR

of ACORN AVE.

800 Sunny 12:00

ST. LUIS - HOSE.

PAUL ST. IRON CONNECTION

11031 - 11022 DEBS.

508-328-0252

REPAIR * 236093

15' TOP of CURB

250' SEWER MH @ HAWTHORNE

CUTTER TO MAIN 15'

N. R. P. 15' TO MAIN 15'

126' TO SMA 67' So. of Moreland

TRAIL.

Moreland Trail, 50' WIDE

From Hospital R. TO 4TH

Along CUTTER Lane 33.6'

10' WIDE WALK WEST SIDE PARK

From 1008. PL (50') TO 4TH ST

Street - 28' + 6' = 34'



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Southeast Hospitals Group, Inc. 101 Page St NB, MA 508-961-5148
Property Owner Address Tel.

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Mailing Address.....

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~~RFC 518-35~~ K. R. Rezendes 3 Sammy's Lane Assonet, MA 508-644-5795
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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Acting City Engineer

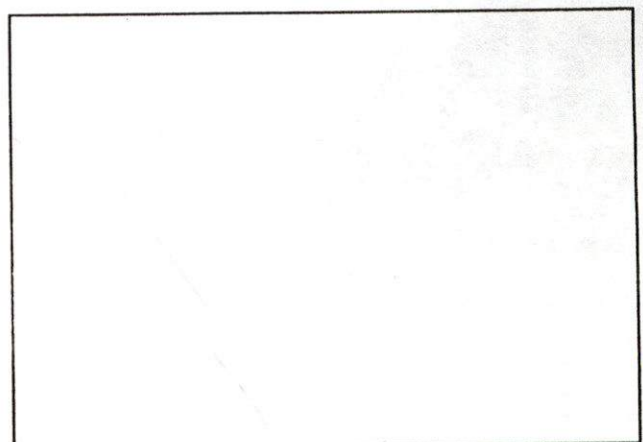
X. Duane
Signature of Property Owner or Representative
John Duane

INSPECTOR'S REPORT

INSPECTED BY: _____
DATE: _____
COMMENTS: _____

APPROVED _____ DISAPPROVED _____

SIGNATURE



SKETCH PLAN