



PERMIT NO.

CITY OF NEW BEDFORD  
SEWER AND/OR STORM DRAIN PERMIT

DATE 11/10/09

24158

This certifies that permission is granted to

Edith Whittaker ..... 252 Wilbur St. N.B. 508 944 9574  
Property Owner ..... Address ..... Tel. ....

To connect a sewer and/or storm drain located at ..... 252 Wilbur St - stub exists

Assessor's Plot ... 80 ... Lot ... 25 ... to the sewer and/or storm drain in ..... Wilbur ..... 8" sewer ..... 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 FLOW 110 G.P.D.

If applicant other than actual property owner, attach Letter of Authorization from Property Owner.

Name ..... Candace Walden ..... Tel. .... 508-9449574

Mailing Address ..... 125 Pine St. Rochester, Ma

The Bonded Contractor/Drain Layer authorized to perform this work is:

August Barb-hoe Service 345 Bridge St. Fairhaven  
Name ..... Address ..... Tel. ....

Type of Pipe Required: ..... S.D.R. 35 PVC ..... 508-994-1493

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 \$150.00, plus an Entrance Fee of \$396.90 where applicable, must accompany this application.

Bank# ..... Commonwealth ..... Check# ..... 183 ..... Date ..... 11/10/09 ..... Receipt# ..... 8537

Other requirements: ..... 24 Hr. inspection at 508-979-1527

Connection made to Sewer 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

Deante M. Andreadis .....  
Acting City Engineer ..... m.n.

Candice Walden .....  
Signature of Property Owner or Representative ✓

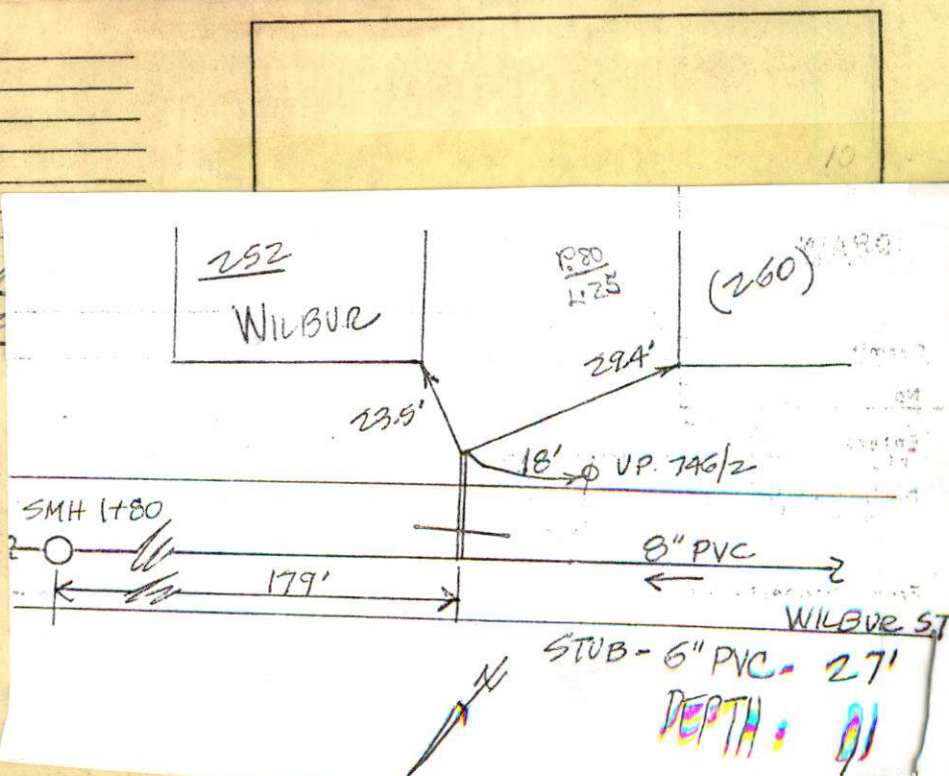
INSPECTOR'S REPORT

INSPECTED BY: [Signature]  
DATE: 11/12/09  
COMMENTS: .....

APPROVED

DISA

SIGNATURE







PERMIT NO.

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CITY OF NEW BEDFORD  
SEWER AND/OR STORM DRAIN PERMIT

DATE 11/10/09

Edith Whittaker.....252 Wilbur St. NB.....508.944.9574.  
Property Owner Address Tel.

To connect a sewer and/or storm drain located at.....252 Wilbur St - stub exists.....

Assessor's Plot 80.....Lot 25....., to the sewer and/or storm drain in.....Wilbur.....8" sewer.....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 FLOW 110 G.P.D.

If applicant other than actual property owner, attach Letter of Authorization from Property Owner.

Name.....Candace Hahn.....Tel.....508-944.9574.....

Mailing Address.....125 Pierce St. Rochester Ma.....

The Bonded Contractor/Drain Layer authorized to perform this work is:

August Backhoe Service.....345 Budge St. Fairhaven.....  
Name Address Tel.

Type of Pipe Required:.....S.D.R. 35 PVC.....508-994-1493.....

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 \$450.00 plus an Entrance Fee of \$396.90 where applicable, must accompany this application.

Bank#.....Commonwealth Utilities Emp. C.U......Check#.....183.....Date.....11/10/09.....Receipt#.....8537.....

Other requirements:.....24 Hr. inspection at 508-979-1527.....

Connection made to Sewer 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

Duarte M. Andrade.....  
Acting City Engineer m.n.

Candice Hahn.....  
Signature of Property Owner or Representative ✓

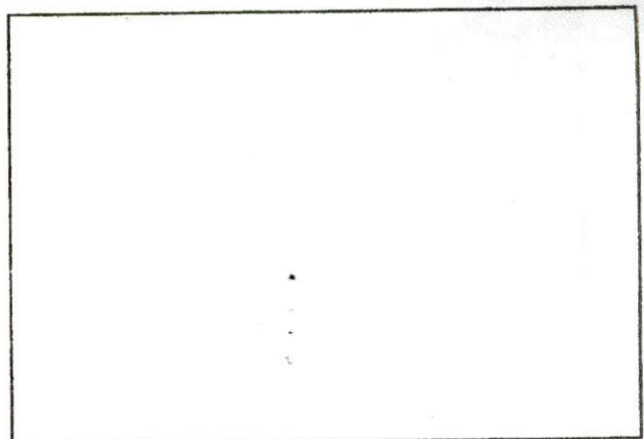
INSPECTOR'S REPORT

INSPECTED BY: RB  
DATE: 11/18/09  
COMMENTS:

APPROVED

DISAPPROVED

SIGNATURE



SKETCH PLAN

No. 5637

**CITY OF NEW BEDFORD**  
**BILL FOR ENVIRONMENTAL HEALTH**

Date: 11/10/09 Issued By: MARY FIELD

Name: Elizabeth Taylor / Council Member

Address: 1231 D... ST

Permit #: \_\_\_\_\_

Description/Calculations:  
Septic System

Fee: 40.00 Check #: 152

0001-241-44255-000  
Make Check Payable to City of New Bedford

No. 09-16

FEE 50.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, New Bedford, MA.

**DISPOSAL SYSTEM CONSTRUCTION PERMIT**

Permission is hereby granted to; Construct( ) Repair( ) Upgrade( ) Abandon(☒) an individual sewage disposal system at 152 Wilbur St as described in the application for

Disposal System Construction Permit No. 09-16, dated 11/10/09.

**Provided:** Construction shall be completed within three years of the date of this permit. All local conditions must be met.

Date 11/10/09 Board of Health [Signature]



**Mary T. Neves**

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**From:** Sarah Porter  
**Sent:** Wednesday, March 25, 2009 10:10 AM  
**To:** Mary T. Neves  
**Cc:** Ana S. Rosa; Carol Sherman  
**Subject:** RE: Sewer Permit

Hi Mary - you are set to issue the permit - no wetlands  
Thanks  
Sarah

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**From:** Mary T. Neves  
**Sent:** Wednesday, March 25, 2009 10:15 AM  
**To:** Sarah Porter; Carol Sherman; Ana S. Rosa  
**Subject:** Sewer Permit

Hi,

The estate of 252 Wilbur Street would like to tie into the sewer system. A stub exists at the property line. The plot is 80 and the lot is 25.

May we issue the permit? Thanks for your help.

*need abandonment of septic system paper  
phone 508 944 9574*

WHEREAS, This Council doth adjudge that the public necessity and convenience of the inhabitants of the City of New Bedford so require, it is therefore hereby

ORDERED, That an 8-inch sewer be laid in WILBUR STREET, from ROCKDALE AVENUE southwesterly 480 feet, as shown on plan of said sewer, signed by Lawrence D. Worden, Commissioner of Public Works, filed in the office of the City Clerk, under the provisions of law authorizing the assessment of betterments.

The area which it is expected will receive advantage other than the general advantage to the community is the land abutting on or adjacent to said sewer, as shown on said plan, and the benefit or advantage to each parcel as estimated by the City Council is the amount set forth in the following schedule:

OWNERS - as of 28-Feb-99	Plot	Lot	Estimated Benefit	Proposed Assessment
Veronneau, Robert & Carol	80	27	\$3,616.99	\$2,712.74
Stringer, David & Elaine	80	26	\$2,529.36	\$1,897.02
Whittaker, Albert Jr. & Edith	80	25	\$2,192.12	\$1,644.09
Whittaker, Albert Jr. & Edith	80	24	\$2,866.61	\$2,149.96
Cleveland, Mary	80	23	\$2,529.36	\$1,897.02
Dias, Joseph & Rose	80	70	\$2,697.99	\$2,023.49
Macaluso, Salvatore & Julia*	80	14	\$5,058.73	\$3,794.05
Champagne, Kevin & Micheala	80	16	\$2,529.36	\$1,897.02
Champagne, Kevin & Micheala	80	17	\$2,529.36	\$1,897.02
TOTAL			\$26,549.90	\$19,912.42

*pd in full* →  
*Maisha - Treasurer*  
*Dorothy - Assessor*

\*Ownership change, updated 6/30/99.

**TRUSTEE CERTIFICATE**  
**Pursuant to M.G.L. c. 184 § 35**

I, Candice Hahn, of 125 Pierce Street, Rochester, Massachusetts, hereby certify and attest as follows:

1. On June 24, 2003, as the Grantor thereof, Edith Whittaker did create the Edith Whittaker Trust, appointing herself, Edith Whittaker, as the original Trustee of said Trust, notice of which is recorded in the Bristol County South District Registry of Deeds in Book 3675, Page 184;
2. Edith Whittaker died on January 24, 2009;
3. Pursuant to the provisions of ARTICLE NINE of said Trust, I have been appointed as the sole Successor Trustee of the Edith Whittaker Trust and I have accepted such appointment as of the date hereof;
4. The Trustee of said Trust has the power to perform discretionary acts as Trustee without the consent, concurrence or direction of the beneficiaries;
5. Specifically, the Trustee of said Trust has the authority to convey, mortgage, lease and grant restrictions or easements or any other interest in real estate;
6. Nothing in said Trust derogates from the power of the Trustee to convey, mortgage, lease or grant restrictions or easements or any other interest in real estate;
7. A certification by the Trustee as to the existence or nonexistence of a fact which constitutes a condition precedent to acts by the Trustee or which is in any other manner germane to affairs of the Trust, shall be binding on all Trustees and the trust estate in favor of a purchaser or other person relying in good faith on the certification;
8. As of the date hereof, said Trust has not been amended, revoked or terminated and is in full force and effect; and
9. All parties may rely without further inquiry on my acts as Trustee thereof.

Signed under the pains and penalties of perjury this 13<sup>th</sup> day of February, 2009.

*Nancy Oxen*  
Witness

*Candice Hahn, Trustee*  
Candice Hahn, Trustee

COMMONWEALTH OF MASSACHUSETTS

Bristol, ss., Fall River

February 13, 2009

Then personally appeared the above-named Candice Hahn, personally known to me, and acknowledged the foregoing instrument to be her free act and deed, as Trustee aforesaid, before me,

*Jane E. Sullivan*  
Notary Public: Jane E. Sullivan  
My Commission Expires: September 13, 2013

**CERTIFICATE OF ACCEPTANCE OF TRUSTEE**

I, Candice Hahn, of 125 Pierce Street, Rochester, Massachusetts, pursuant to the provisions of ARTICLE NINE ACCEPTANCE, APPOINTMENT, REMOVAL AND RESIGNATION OF TRUSTEE of the EDITH WHITTAKER TRUST, under declaration of trust dated June 24, 2003, Edith Whittaker, Grantor, hereby accept the EDITH WHITTAKER TRUST and agree to be bound by all the terms and conditions thereof, the original Trustee, Edith Whittaker, having died on January 24, 2009.

IN WITNESS WHEREOF, I, Candice Hahn, have hereunto set my hand and seal this 13<sup>th</sup> day of February, 2009.

*Nancy Ordeau*  
Witness

*Candice Hahn*  
Candice Hahn

**COMMONWEALTH OF MASSACHUSETTS**

Bristol, ss., Fall River

February 13, 2009

Before me personally appeared Candice Hahn, personally known to me, and acknowledged the foregoing instrument as her free act and deed, as Trustee, before me,

*Jane E. Sullivan*  
Notary Public: Jane E. Sullivan  
My commission Expires: September 13, 2013



(INSTRUCTIONS ON REVERSE SIDE)

FOR USE BY  
PHYSICIANS AND  
MEDICAL EXAMINERS

## The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH  
REGISTRY OF VITAL RECORDS AND STATISTICS

STATE USE ONLY	
4c Hosp	
5 Type	
6 Hosp	Race
10 Age	
15 Resid	
15 Out-State	
23 Disp	
31-32	Autop
34 Manner	
35c Work Inj	
35f Place	
36-37 Cert	
40a Pron	

DECEDENT

INFORMANT

DISPOSITION

CERTIFIER

Pronouncement of Death  
Form (R-302) on File: ☒PERMANENT  
BLACK INK ONLY

R-301-08

DECEDENT - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)
Edith		Whittaker			F	Jan. 24, 2009
PLACE OF DEATH (City/Town):		COUNTY OF DEATH	HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)			
New Bedford		Bristol	New Bedford Health Care Center			
PLACE OF DEATH (Check only one):		OTHER		SOCIAL SECURITY NUMBER		IF US WAR VETERAN SPECIFY WAR
<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)						No
WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.)		RACE (e.g. White, Black, American Indian, etc.) (Specify)		DECEDENT'S EDUCATION (Highest Grade Complete)		
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		White		Elementary Sec (0-12) College (1-4, 5-)		12
8a Specify:		8b		9		
AGE - Last Birthday (Yrs.)		DATE OF BIRTH (Mo., Day, Yr.)		BIRTHPLACE (City and State or Foreign Country)		
85		Aug. 22, 1923		New Bedford, MA		
10a		10d		11		
MARRIED, NEVER MARRIED WIDOWED OR DIVORCED		LAST SPOUSE (If wife, give maiden name)		USUAL OCCUPATION (Prior - If Retired)		KIND OF BUSINESS OR INDUSTRY
Widowed		Albert Whittaker		Service Rep.		Insurance
12		13		14a		14b
RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY		260 Wilbur St., New Bedford; Bristol County; MA		ZIP CODE		02740
15a		17		18		19
FATHER - FULL NAME		STATE OF BIRTH (If not in US, name country)		MOTHER - NAME (GIVEN) (MAIDEN)		STATE OF BIRTH (If not in the name country)
Frederick Greenfield		MA		May Bottomley		England
16		21		22		
INFORMANT'S NAME		MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE		RELATIONSHIP		
Candace Hahn		125 Pierce St., Rochester; MA 02770		Daughter		
23		24		25		
METHOD OF IMMEDIATE DISPOSITION		FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE		LICENSE #		
<input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTH. SPEC.		Donald A. McHoul		5984		
26a		26b		27		
DATE OF DISPOSITION (Mo., Day, Yr.)		NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE		LOCATION (City/Town, State)		
Jan. 29, 2009		Sperry & McHoul, 15 Grove Street; No. Attleborough, MA 02760		Attleboro, Massachusetts		
28		28a/b		29		
PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d) PRINT OR TYPE LEGIBLY		IMMEDIATE CAUSE (Final disease or condition resulting in death)		Approximate Interval Between Onset and Death		
a.		DUE TO (OR AS A CONSEQUENCE OF)		5 years		
b.		DUE TO (OR AS A CONSEQUENCE OF)		2 years		
c.		DUE TO (OR AS A CONSEQUENCE OF)				
d.		DUE TO (OR AS A CONSEQUENCE OF)				
30		31		32		
MED. EXAM. NOTIFIED? (Yes or No)		MANNER OF DEATH		DATE OF INJURY (Mo., Day, Yr.)		TIME OF INJURY
No		<input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> PENDING INVESTIGATION				
33		34		35a		35b
DESCRIBE HOW INJURY OCCURRED		PLACE OF INJURY (At home, farm, street, factory, office bldg., etc.) Specify		LOCATION (No. & St., City/Town, State)		
35d		35e		35f		
36a		36b		36c		
To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated.		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
(Signature and Title)		JANUARY 26, 2009		1:45A		
36d		36e		36f		
NAME AND ADDRESS OF CERTIFYING PHYSICIAN IF NOT CERTIFIER		NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hr)
SCAWOMIR PASAL HAWTHORNE MEDICAL ASSOCIATES		237 A STATE ROAD DARTMOUTH MA 02747				
38		39		40a		40b
WAS THERE A PRONOUNCEMENT FORM? (Yes or No)		IF YES, DATE PRONOUNCED		IF YES, TIME PRONOUNCED		40d NAME OF PRONOUNCER
Yes		Jan. 24, 2009		1:45A		Barbara Andrade
41		42		43		
DATE BURIAL PERMIT ISSUED		RECEIVED IN THE CITY/TOWN OF		DATE OF RECORD		
Jan. 26, 2009		New Bedford		Jan. 30, 2009		
SIGNATURE OF HEALTH AGENT		CLERK'S SIGNATURE				

FEB - 2 2009  
Date Issued  
A TRUE COPY ATTEST  
Barbara D. Andrade  
CITY CLERK - NEW BEDFORD, MA  
REGIMINE

27

SEWER TIE-IN

DATE: 11/18/09

CONTRACTOR: JOE AUGUST

INSP: B. BUCHER

PERMIT NO. 241508

11/18/09  
Submitted for Review  
11/30/09

\* 252 WILBUR ST.

ROCKDALE AVE.

CZ

