PERMIT NO.



CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

DATE 5/11/10 EXP 5/11/11

| SEWER AND/OR STORM DRAIN PERMIT EXP 5/11/1 |
|---|
| |
| This certifies that permission is granted to Finesto Tulases 1158 Sawler St. New Bedford, MA 02740. Property Owner Address Tel. 508-997-0092 |
| To connect a sewer and/or storm drain located at 1/58 Sowyed St. |
| Assessor's Plot 8.7. Lot 5.3., to the sewer and/or storm drain in Sow Ven Street |
| Assessor's Plot . 8.7 Lot . 5.3, to the sewer and/or storm drain in |
| If applicant other than actual property owner, attach Letter of Authorization from Property Owner. NameTel |
| Mailing Address |
| Name Address Type of Pipe Required: 6. S.D. 3.5. PVC. The Bonded Contractor/Drain Layer authorized to perform this work is: No. B. C. |
| 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# Sovereign Bink. Check# 1030 Date 5-11-10 Receipt# 8758 |
| Other requirements: 24 hour Notice for Dropertion at 308-979-1527 |
| Sewer 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 |
| INSPECTOR'S REPORT |
| INSPECTED BY: 5/17/10 COMMENTS: |
| APPROVED DISA 9 5 9 SAWYEE ST. 58 6 |
| 1 × 37 |
| SIGNATURE 42A'HD |
| 25 A Section 19 19 19 19 19 19 19 19 19 19 19 19 19 |
| 105 9 Kg |
| Ro Es. DE STORMED TO THE STORMED TO |
| THE RESIDENCE OF THE PROPERTY |



PERMIT NO.

CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

DATE 5/11/10 EXP 5/11/11

| SEWER AN | D/OR STORM DRAIN PERMIT | EXP 5/11/ |
|--|---|---|
| This certifies that permission is granted to 110/ena Tavares | | |
| Froncesto Tavares 1158 Sauxe Property Owner Address | 1. St. New Bedford, Tel. 6 | MA 02740 |
| To connect a sewer and/or storm drain located at/./5 | | |
| Assessor's Plot . 8.7Lot . 53, to the sewer and/ Con/ To be laid in accordance with the conditions in this applic TYPE OF USE: RESIDENTIAL COMMEN | | Street Stub inances. FLOW 330 G.P.D. |
| If applicant other than actual property owner, attach Lette Name | r of Authorization from Property Owne | т. |
| PERMIT EXPIRES ONE YEAR AFTER DATE OF I | SSUE | |
| Requires separate connections for sewage and sto sanitary sewer. All work must be inspected and approved by a D If this connection is to be part of a private service Joint Maintenance Agreement. Permits can be issued to Industrial and/or Comm Public Infrastructure of required plans and supple In addition, a City-issued Industrial User Dischart Commonwealth of Massachusetts D.E.P. shall be Industrial User Discharge Permit No | P.I. inspector before backfilling. e shared jointly with other building own ercial Applicants only upon receipt and emental information. rege Permit and/or a Sewer Extension/C e required by the City for Industrial Dis Date Date Date Date Date Date Date Date | ners, attach copy of Recorded d approval by the Commissioner of connection Permit issued by the charge into the sewer system. must accompany this application. Receipt# 87.58 |
| Other requirements: 24. hour No tice | far Ixspection a | + 508-979-1527 |
| Connection made to Sewer Part of joints Storm Drain | y-shared private line YES NO | |
| Applicant agrees to abide by the above terms, as wother special rules as the Commissioner of Public Duantem Commissioner of Public Acting City Engineer | Infrastructure and/or City Engineer | City of New Bedford, and such may deem necessary M. A |
| IN: | SPECTOR'S REPORT | |
| INSPECTED BY: DATE: COMMENTS: APPROVED DISAPPROVED SIGNATURE | | |

SKETCH PLAN

No. 10-04

COMMONWEALTH OF MASSACHUSETTS

Boc# 5848

Board of Health, New Bolfel, MA.

| | DISPOSAL SYS | STEM CONSTI | RUCTION PERMI | Т |
|---------------------------------|--------------------|-----------------|----------------------|---------------------------------------|
| Permission is hereby granted to | ; Construct() Rep | pair() Upgrade | () Abandon(L) an in | I ndividual sewage disposal system |
| Disposal System Construction I | Permit No. 10-04 | , dated _5 | as c | lescribed in the application for |

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

m 1255 Rev. 5/96 A.M. Sulkin Co. Boston, MA

Date 5111 10 Board of Health

(-) Helena Tavares (508)9970092 or 508 287 6990

1158 Sawyer St. 02740

450. permit
450.00
306/ X 14.70= 441.00
891.00

Carol Sherman

From:

Sarah Porter

Sent:

Friday, April 30, 2010 11:07 AM Carol Sherman

To: Subject:

RE: SEWER TIE-IN

Carol, all set, no wetland issues Thanks Sarah

From: Carol Sherman

Sent: Friday, April 30, 2010 10:53 AM

To: Sarah Porter

Subject: SEWER TIE-IN

SARA

PROPERTY OWNER, HELENA TAVARES OF 1158 SAWYER ST IS INTERESTED IN SEWER TIE-IN.

COULD YOU LET ME KNOW IF THAT WOULD BE APPROVED BY YOU

THANKS

CAROL

1105 Shawmut Avenue New Bedford, MA 02746 Phone: 508-979-1551 Fax: 508-991-6152 City of New Bedford, DPI

EaX(

| To: marc | freire | | From: | Carol. | DPI |
|------------|--------------|------------------|-----------|---------|------------------|
| 1000 | 3-961-314 | | Date: | 5-11- | 10 |
| Phone: | 140 141 | | Pages: | 2 | |
| Re: | | | CC: | | |
| ☐ Urgent | ☐ For Review | | | | y Please Recycle |
| •Comments: | Helexa | Tavare. | S - | 1158 Sa | wyer St |
| * | Helexa | uested ewer ? | D Pein | fax y | all |

