



508-991-6150

DATE 10/7/10

exp. 10/7/11

PERMIT NO.

24222

CITY OF NEW BEDFORD
SEWER AND/OR STORM DRAIN PERMIT

This certifies that permission is granted to

Janice Krouzet 950 Glen St. 508 995 0176
Property Owner Address Tel.

To connect a sewer and/or storm drain located at 950 Glen St.

Assessor's Plot 130D Lot 79, to the sewer and/or storm drain in Glen 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 330 G.P.D.

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:

Antone Medeiros 318 Alden Rd. Fairhaven, MA 508-993-3609

Name Address Tel.

Type of Pipe Required: PVC 3" SDR 35 1/2" PVC SDR

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, plus an Entrance Fee of \$153.50 where applicable, must accompany this application.

Bank# Sovereign Check# 2956 Date 10/7/10 Receipt# 8914

Other requirements: 24 hour inspection please call

(508) 991-6150

Connection made to ☒ Sewer ☐ 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

Diana M. Andrade Acting City Engineer
Janice Krouzet Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: _____

DATE: _____

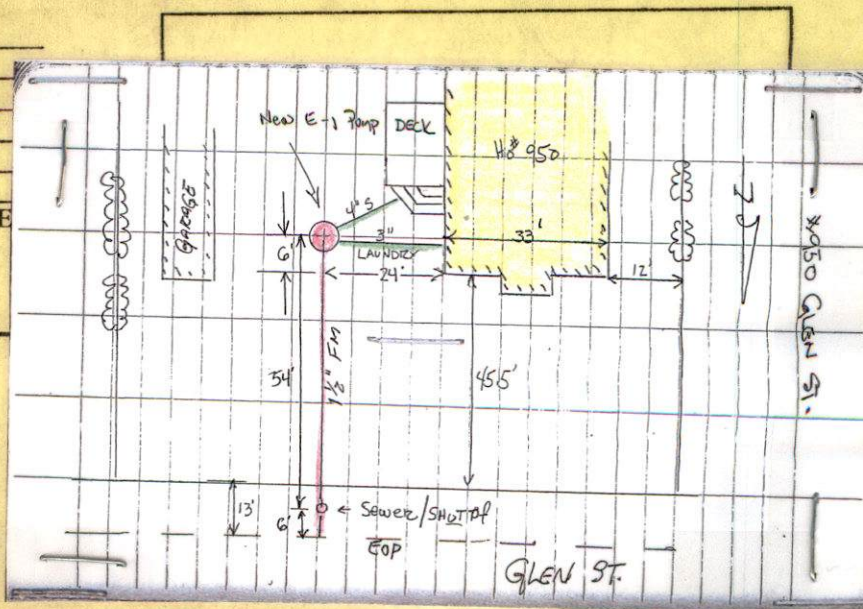
COMMENTS: _____

APPROVED

DISAPPROVE

SEE WHITE SHEET

SIGNATURE





508-991-6150

PERMIT NO.

24222

CITY OF NEW BEDFORD
SEWER AND/OR STORM DRAIN PERMIT

DATE 10/7/10

exp. 10/7/11

This certifies that permission is granted to

Janice Krouzek

Property Owner

950 Glen ST.

Address

508 995 0176

Tel.

To connect a sewer and/or storm drain located at 950 Glen ST.

Assessor's Plot 130D Lot 71, to the sewer and/or storm drain in Glen Street-

connect from stub @ property line

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 330 G.P.D.

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:

* Antonio Medeiros

318 Alden Rd.

Fairhaven, MA

508-993-3609

Name

Address

Tel.

Type of Pipe Required: PVC

SD 35

1 1/2 PVC SDR

* J.B. Lanagan

21 East River Dr.

No. Dartmouth MA 02747

PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE

508-984-1668

- 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, plus an Entrance Fee of \$1553.50 where applicable, must accompany this application.

Bank# Sovereign

Check# 2956

Date 10/7/10

Receipt# 8914

Other requirements: 24 hour inspection please call

(508) 991-6150

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

Duarte M. Andrade
Acting City EngineerJanice B. Krouzek
Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: [Signature]

DATE: 11/14/10

COMMENTS:

APPROVED

DISAPPROVED

SIGNATURE

SKETCH PLAN

Carol Sherman

From: Sarah Porter
Sent: Friday, October 01, 2010 12:08 PM
To: Cheveli A. Torres
Cc: Carol Sherman
Subject: RE: 950 GLEN ST

Cheveli
They are all set no wetland issues at all
Thank you
Sarah

From: Cheveli A. Torres
Sent: Friday, October 01, 2010 11:19 AM
To: Sarah Porter
Subject: 950 GLEN ST

Sarah,

I have a women interested in the abandonment of a septic system. Her location is 950 Glen St. She stated That she would be calling contractors before she would grow through the process of the abandonment just a heads up. She does have a stub at property.

Thank you,
Cheveli

The Commonwealth of Massachusetts

ANNUAL FEE: \$175.00

CITY of NEW BEDFORD

APPLICATION FOR PERMIT

No. _____

2010

_____, 20____
(Date)

TO THE LICENSING AUTHORITIES:

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by

Name _____

(Full name of person, firm or corporation making application)

(Give location by street and number)

to INSTALL SEPTIC SYSTEMS

Qualifications (including experience) and equipment:

State clearly
purpose for
which permit
is requested.

(Signature of applicant)

FORM 8105B A. M. BULKIN 542-3858



CITY OF NEW BEDFORD

SCOTT W. LANG, MAYOR

*See Below ↓

HEALTH DEPARTMENT

BOARD OF HEALTH
ATHENA XIFARAS, M.D.
PATRICIA L. ANDRADE, M.D.
JAMES SCHWEIDENBACK, D.M.D.

DIRECTOR OF HEALTH
MARIANNE B. DE SOUZA, R.D.H., B.A., M.S.

ENVIRONMENTAL HEALTH DIVISION

SEPTIC SYSTEM ABANDONMENT CERTIFICATION

ABANDONMENT PERMIT NO.: _____ ISSUED: _____

LOCATION OWNER: _____

LOCATION ADDRESS: _____

I, the undersigned, a licensed drainlayer in the CITY OF NEW BEDFORD, have completed the sewer connection at the above location.

In accordance with Commonwealth of Massachusetts – CMR 310 section 354; all septic system components have been:

Please check appropriate lines:

_____ Properly *pumped and removed on :

DATE: _____ *(Please provide the receipt.)

SEPTAGE HAULER NAME: _____

_____ Pumped and filled with clean *sand after rupturing the bottom of any solid tanks. (* Please provide a receipt for sand)

AND

_____ I have verified all wastewater from the building is connected to the municipal sewer connection.

Date of Completion: _____

Company name: _____

Licensed Drainlayer- Please Print: _____

*Drainlayer Signature: _____

Drainlayer Address: _____

*This certification statement must be completed and submitted to at the address below within seven (7) days of completion of the sev
Rev 10/10

ATV
CONTRACTOR 10/14/0

IF you do
not have an

"2010" INSTALLER'S
PERMIT

Pls. submit!

THX5 Clear

No. **6404**

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

Date: 10/7/10 Issued By: [Signature]

Name: JANICE KADUZEK

Address: 950 Glen St

Permit # 102 SEPTIC ABANDONMENT

Description/Calculations:

C. 950 Glen St.

✓ **REC'D**
OCT 07 2010

Fee: 50. Check #: 2955

0001-241-44255-000

Make Check Payable to City of New Bedford

ATTN
CONTRACTOR:

Pls return
whole form

Thank you
Cherie

FEE \$50.00

COMMONWEALTH OF MASSACHUSETTS

Department of Health, CITY OF NEW BEDFORD, MA

SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

For () Upgrade () Abandonment (X) - ☐ Complete System ☐ Individual Components

	Owner's Name Janice Krouzek
	Address 950 Glen St., N.B., MA
	Telephone# 508-995-0156
Applicant	Designer's Name
	Address
	Telephone#



City of New Bedford
HEALTH DEPT.

MARY FREIRE

Sanitarian

305-

133 William Street, Room 305
New Bedford, MA 02740

8:00-9:00 AM
3:00-3:45 PM
Tel: (508) 991-6273
Fax: (508) 961-3143

Lot Size _____ sq. ft.
Garbage grinder ()
No. of persons _____ Showers (), Cafeteria ()
Calculated design flow _____ Design flow provided _____ gpd
feet _____ Revision Date _____

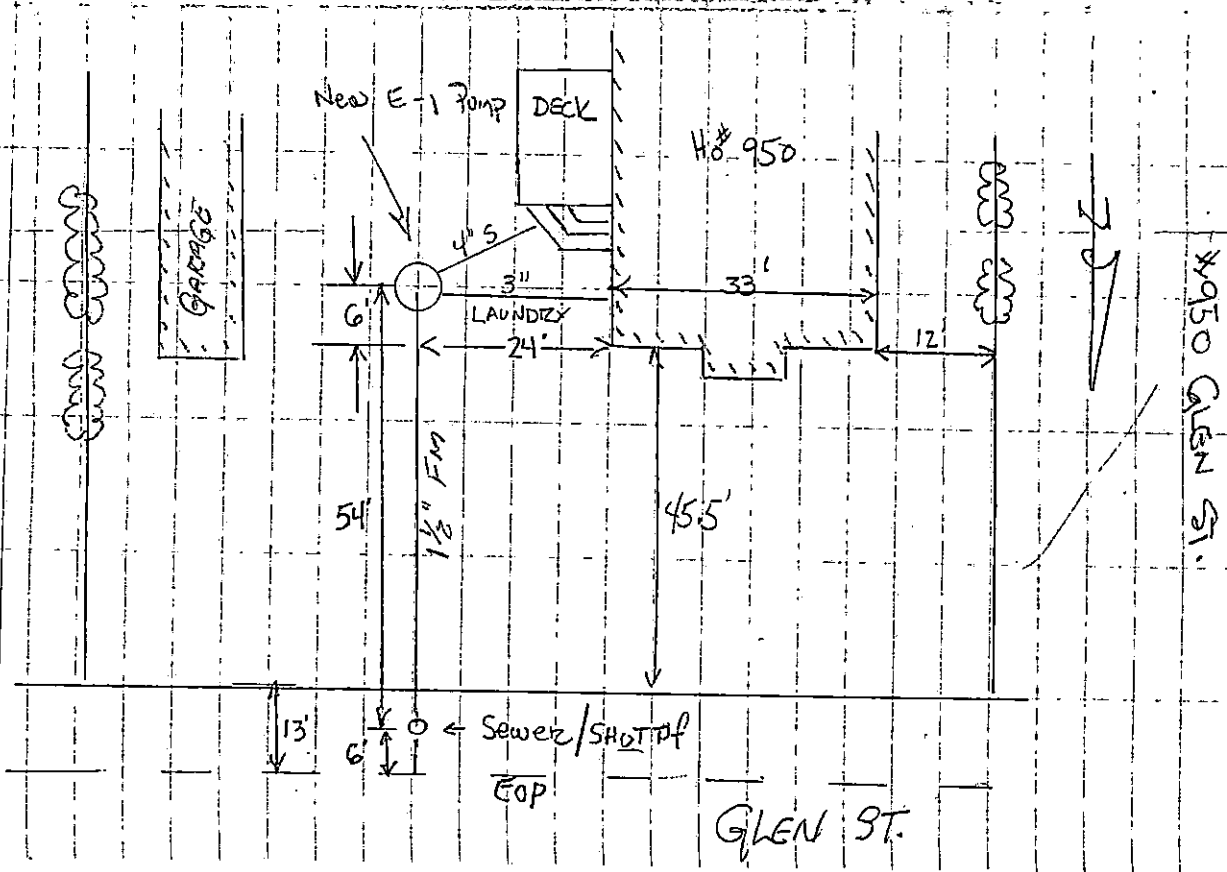
Soil Evaluator Form No. _____ Name of Soil Evaluator _____ Date of Evaluation _____

DESCRIPTION OF REPAIRS OR ALTERATIONS Abandonment of septic system.

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 _____ Date _____

Inspections _____



SCENIC TIE-IN
 4050 GLEN ST.
 CONNECTION TO 1000000
 DATE: 11/1/10
 INSP: 2007/10/10
 PERMIT: 24222
 PLOT 1300 LOT 21