

CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

INSpector
DATE 4/29/13

1400
This certifies that permission is granted to
This certifies that permission is granted to Daniel Augustino 335 Lake St. MA 02545 Property Owner Address Tel.
To connect a sewer and/or storm drain located at 4148 Acushnet Ave
Assessor's Plot . 134. Lot . 229, to the sewer and/or storm drain in Connecting into . Stub @ 29 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 FLOWG.P.D.
If applicant other than actual property owner, attach Letter of Authorization from Property Owner. Name. 20.6050 Tel. Mailing Address. PO BOX. 51043 NB MA The Bonded Contractor/Drain Layer authorized to perform this work is:
Name R.) Conesso Address PO Box 51643 Tel. Type of Pipe Required: SDR 35 - PVC
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. 13-41 Date 12-13.
Comm. Mass. Sewer Conn./Ext. Permit No. A Filing and Inspection Fee of \$.45.0, plus an Entrance Fee of \$.290, where applicable, must accompany this application. Bank# Bay Coast Bankcheck# 1803 Date 4/29/13 Receipt# 10010 Other requirements: Please Call ahead 24 hour notice for
Other requirements: 1.12056 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 City Engineer Signature of Property Owner or Representative
INSPECTOR'S REPORT
INSPECTED BY: 5/8/13 COMMENTS:
APPROVED DISAPPROVED
SIGNATURE

SKETCH PLAN



PERMIT NO.

CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

DATE 4 29 13

4 3 3 1 SEWER AND/OR STORM DRAIN PERMIT	
This certifies that permission is granted to	
This certifies that permission is granted to Daniel Augustino 335 Lake St. MA 01545 Property Owner Address Tel.	
To connect a sewer and/or storm drain located at 4148 Accessomet Ave	
Assessor's Plot . 136 Lot . 229, to the sewer and/or storm drain in Connecting into Stub @ 29 Str. 448 Acustrut Au	reet
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 G.P.D.	
If applicant other than actual property owner, attach Letter of Authorization from Property Owner.	
Name. P. Corresson Tel. Mailing Address. PO. BOX. 51643. NB MA The Bonded Contractor/Drain Layer authorized to perform this work is:	
Name RS Conesso Address PO Box 51643 Tel. Type of Pipe Required: SDR 35 - PV 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	102 1100
 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 Commissioned	er 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	ë.
Commonwealth of Massachusetts D.E.P. shall be required by the City for Industrial Discharge into the sewer system. Industrial User Discharge Permit No. 13-04 Date: 13.	
Comm. Mass. Sewer Conn./Ext. Permit No	
Bank# Bay Coast Ban Check# 7803 Date 42913 Receipt# 10010	
Other requirements: Please call ahead 24 hour notice for	
inspection at (508) 979-1550 ext 500.	
Connection made to Sewer Part of jointly-shared private line Part of jointly-shared private line	
Applicant agrees to abide by the above terms, as well as all pertinent ordinances of the City of New Bedford, and so	uch
other special rules as the Commissioner of Public Infrastructure and/or City Engineer may deem necessary	
Norm Short Karen Marshall	
City Engineer Signature of Property Owner or Representat	tive
Clay of the World INSPECTOR'S REPORT	
INSPECTED BY:	
COMMENTS:	
APPROVED DISAPPROVED	
SIGNATURE	

SKETCH PLAN



Department of Public Infrastructure

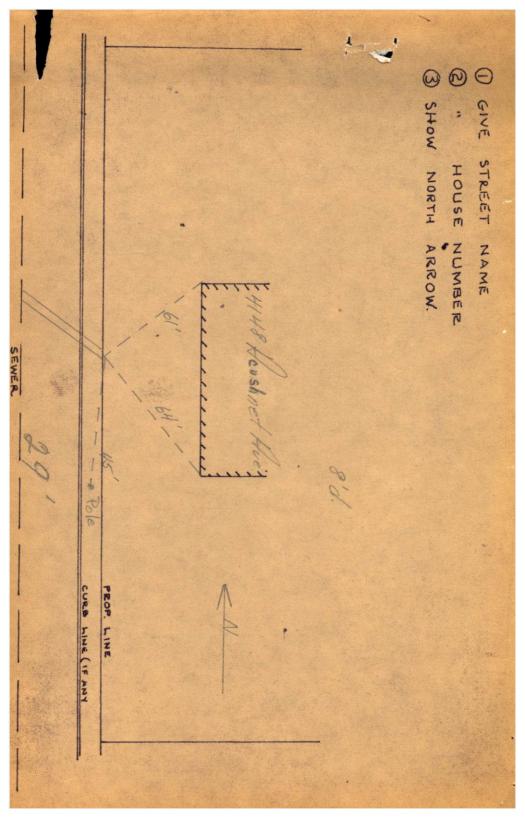
Ronald H. Labelle Commissioner

> Water Wastewater Highways Engineering

CITY OF NEW BEDFORD Scott W. Lang, Mayor

To Whom It May Concern:

I DANIEL Augustino 335 LAKE ST Shrewsbury, MA, being (Name) (Mailing Address) 01545						
Owner of property located at						
4148 ACUSHNET AVE NEW BEDFORD MA 02745						
Plot 136, Lot 229, hereby agree to allow R. T. CANESSA EXC.						
PO, Box 5/643 New BedForto act on my behalf including affixing my (Mailing Address)						
signature in securing permit for:						
Sewer/Drain Service Permits Water Service Permits Driveway Installation Permits Sidewalk Installation Permits						
I further agree to conform to, and abide by, All City rules and ask regulations applicable to the permit (s) being applied for:						
Name Daniel augustino Signature Signature Signature Signature St. Shvewsburg 01545 Address Address Mr. 5088428192 4/16/13 cell 7742751696 Telephone number						



DISPLAY PERMIT IN A CONSPICUOUS PLACE ON THE PREMISES



Commonwealth of Massachusetts

City of New Bedford

133 William Street New Bedford, MA 02740



SEWER PERMIT

Date: 10/30/2013		No.	WW-13-12
Sewer Connection Fee: \$740.00	Pipe Size: Trench Length:		0.00
	Helch Leigh.		0.00
Service Location: 4148 ACUSHNET AVE	Owner Name:	AUGUSTINO	JOSEPH
Type of Occupancy: Residential	Type of Work:	Sewer - New	Sewer Service
Work Description: to CONNECT INTO STUB @ 29FT INTO	O ACUSHNET AVE		
P136 L229			
PERMIT #24331			
No. of Units : Required Design Daily Flow :	0.00	Provided Daily Flow	v:0.00
The undersigned petitions you to grant permission to ENT hereby agrees to the following:	ER INTO THE MAIN	SEWER and, if	such permission is grante
 To abide by the conditions and regulations importance now in force, or as amended from time That the connection of said sewer with the main Public Works or by a designated agent of the To That the work shall at all times be under the direction. 	e to time. sewer shall be inspection before burial of sailection and control of the	ted by an emplo d connection. e Commissione	byee of the department of
authorized agent, and that any expense incurred permittee agrees to reimburse the Town for said expense.	by the Town shall be	charged to the p	permittee, and said
nstalling Company Name: Robert J. Canessa		License Type	CSL-DM Residential Demolition Only
Address: P. O. Box 51643 City/Town/State:	New Bedford	MA	

GRANTED WITH THE USUAL CONDITIONS

APR 29 2013

APPLICATION/AGREEMENT For Trench/Disturbance Permit within the City of New Bedford

TO THE MAYOR AND CITY COUNCIL: DISTURBANCE PERMIT/TRENCH SAFETY PERMIT
Permission is hereby requested to excavate the surface of: City Property and/or Private Property Provide Sketch
Location of Work: 4148 acushNET AVENUE.
Sewer carrie # 24881 CONTRACTORS ARE TO CALL THE DPI OFFICE AT 508-979-1550, Ext. 506 - 24 HRS.
Substantially as per plan annexed, for the purpose of: Connect to PRIOR TO ANY EXCAVATION (NON- COMPLIANCE WILL RESULT IN IMMEDIATE REVOCATION OF BONDS
Sewer Stub on Property
Work will begin (weather permitting) on: $\frac{2i/29/2013}{}$
Work will end (weather permitting) on: 5/34/30/3
Applicant Name: Robert J. CANESA Excavator(s) Name: K.J. CAWESSA EXCAVATION
Company Name: R.J. CAWESA EXCAVATION Hoisting Equipment License Number: 137575 Grade: 2A Expiration Date: 7/54/2013
Contact Number: Bob CAWESSA Name & Contact Number of Insurer: Rug Demourt
5084/61144 - audit durenne onfile
Competent Person on Work Site: 806. APPROVED BY: 1000 DATE: 4/39/3
TITLE: Out of the Works

This permit shall be posted at the work site, and shall remain until the work is completed. It is subject to inspection at all times.

Cheveli A. Torres

From:

Sarah Porter

Sent:

Thursday, February 02, 2012 10:35 AM

To:

Cheveli A. Torres

Subject:

RE: ABANDONMENT OF SEPTIC

Everything is OK from a Conservation Standpoint Thanks you Sarah

From: Cheveli A. Torres

Sent: Wednesday, February 01, 2012 11:33 AM

To: Sarah Porter

Subject: ABANDONMENT OF SEPTIC

Sarah,

Hello, I had a resident call to inquire about the abandonment of their septic system the location is 4148 Acushnet Ave.

Just wanted to make sure everything was ok before the permit was issued.

Thank you,

Cheveli

ECOMMONWEALTH OF MASSACHUSETTS

Board of Health, New Bedford, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

FEE	460	00	
حاد	.#	780,7	•
	4	2979	

Permission	is hereby grai	nted to; Constru	ict() Re	pair() l	Jpgrade()	Abandon(=	an individu	ıal sewage d	lisposal s	vstem
at <u>4</u> 4	18 Acus	ihnet Ac	<u> </u>		4 4			ed in the a		
Disposal S	ystem Constru	ction Permit No	- 4 4	date			اد خ	side and the second		
. •	Construction 96 A.M. Sulkin Co. Boston	shall be romple MA Dai	. i		s of the date o	f this permi	t. All local co	onditions n	iust be n	net.
Fee: 16,00 Check # 7803 ; □ ENV 01-510-44255-000 □ MH 01-510-44250-000 □ Tobacco Control 01- 510-44200-000 WHITE - A/R; PINK - NBHO Application/Form; YELLOW - RECEIPT		RE-INSPECTION: ENV	☐ FLOOR PLAN REVIEW VARIOUS INSPECTIONS: ☐ PRE-DEMO INSPECTION (ENV)	DELIVEI	PERMIT/LICENSE: TYPE: □ NEW □ RENEWAL TIME FRAME: □ ANNUAL □ SEASONAL □ TEMP (FOOD EST. ONLY)	the state of the s	For Address(s): Septic Abenden neds	1 1	CITY OF NEW BEDFORD HEALTH DEPARTMENT RECEIPT FOR PAYMENT	No. 12979

