



CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

DATE (023) 15

24437

This certifies that permission is granted to	
Michael Rinagalas 133 Faunce Carner. Property Owner Address	lei.
To connect a sewer and/or storm drain located at	WXS Secondst
Assessor's Plot 2Lot. 3.410, to the sewer and/or storm drain in	5 Decord (5/1/2 parenty Street
To be laid in accordance with the conditions in this application and the City of TYPE OF USE: RESIDENTIAL COMMERCIAL IN	of New Bedford ordinances. FLOW 500 G.P.D. 1904
If applicant other than actual property owner, attach Letter of Authorization f	rom Property Owner.
Mailing Address. The Bonded Contractor/Drain Layer authorized to perform this wor	k is:
Name Type of Pipe Required: Address	Tel.
PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE	
Requires separate connections for sewage and storm drain where ap	plicable. Storm water cannot be discharged to a
 sanitary sewer. All work must be inspected and approved by a D.P.I. inspector before 	ore backfilling.
If this connection is to be part of a private service shared jointly with the state of the	h other building owners, attach copy of Recorded
 Permits can be issued to Industrial and/or Commercial Applicants or 	nly upon receipt and approval by the Commissioner of
Public Infrastructure of required plans and supplemental informatio In addition, a City-issued Industrial User Discharge Permit and/or a	Sewer Extension/Connection Fernine issued by the
Commonwealth of Massachusetts D.E.P. shall be required by the C. Industrial User Discharge Permit No	ITV for industrial Discharge hito the series of steel
	Date
A Filing and Inspection Fee of \$.7.75, plus an Entrance Fee of \$	where applicable, must accompany and applicable
Bank# 13044 78 Check# 6343	Date 10 3 15 Receipt#
Other requirements: 24 Mars notice tol 10	spection yas per
attached plan, must call fort	to intress oversine test.
Connection made to Sewer Part of jointly-shared private li Storm Drain	ne YES NO
Applicant agrees to abide by the above terms, as well as all pertine	nt ordinances of the City of New Bedford, and such
other special rules as the Commissioner of Public Intrastructure an	do City Engineer may de
City Engineer	720 ative
PERPERTY OLINES	ClearOut Lateral Unes 50
INSPECTOR'S	SECOND STREET 84"
INSPECTED BY:	1
DATE:	↓ ·
	126
APPROVED DISAPPROVED	
SEE WHITE SHEET SIGNATURE	
SIGNATURE	601
	177
	50

WW-15-19
PERMIT NO.

CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

DATE (023)15

24437
This certifies that permission is granted to

Michael Panagalas 133 Faunce Co Property Owner Address	Tel.
To connect a sewer and/or storm drain located at Cove. St	N.S. WXS Seconds+
Assessor's Plot 2.0Lot.3.4.0, to the sewer and/or storm of 72 357 + 358 To be laid in accordance with the conditions in this application and	Sifec Site
TYPE OF USE: RESIDENTIAL COMMERCIAL	industrial FLOW 500 G.P.D. may
	orization from Property Owner.
The Bonded Contractor/Drain Layer authorized to perform	n this work is:
Name Type of Pipe Required: PAC SDR 35	Tel.
PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE	
 Requires separate connections for sewage and storm drain sanitary sewer. 	where applicable. Storm water cannot be discharged to a
All work must be inspected and approved by a D.P.I. insp	ector before backfilling. ointly with other building owners, attach copy of Recorded
	plicants only upon receipt and approval by the Commissioner of information.
 In addition, a City-issued Industrial User Discharge Permi 	t and/or a Sewer Extension/Connection Permit issued by the by the City for Industrial Discharge into the sewer system.
Industrial User Discharge Permit No.	Date
A Filing and Inspection Fee of \$.4.75, plus an Entrance Fee	Date of \$
Other requirements: 24 Mar notice fo	e inspection was per
attached plan must call sever peckarge system	fort to witness pressure test.
Connection made to Storm Drain Part of jointly-shared	private line YES NO
other special rules as the Commissioner of Public Infrastructures as	pertinent ordinances of the City of New Bedford, and such acture and/or City Engineer may deem necessary Signature of Property Owner or Representative
Pockerty Owner	R'S REPORT
/ / INSPECTO	RSREFORI
INSPECTED BY:	
COMMENTS:	
APPROVED DISAPPROVED	
SIGNATURE	

SKETCH PLAN



TWW-15-19

9

Inspector exp 0/3/16

PERMIT NO.

24437

CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

DATE 1023 15

This certifies that permission is granted to Michael Puragalos 133 France Corner Rd 508728 Property Owner Address To connect a sewer and/or storm drain located at. COVE St. N.S. WXS. SecondSt Assessor's Plot 20 Lot 340 , to the sewer and/or storm drain in 5. Second (5hts as To be laid in accordance with the conditions in this application and the City of New Bedford ordinances. RESIDENTIAL COMMERCIAL **INDUSTRIAL** TYPE OF USE: 2 Bath 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: JP. Lamagam Tel. Address Name Type of Pipe Required:.... 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. Rockland Treust Check# 6343 Bank# 113044 inspection, was per Other requirements: 24 Mar notice for must call topt to witness pressure test. Part of jointly-shared private line Connection made to Storm Drain Applicant agrees to abide by the above terms, as well as all pertinent ordinances of the City of New Bedford, and such special rules as the Commissioner of Public Infrastructure and/or City Engineer may deem necessary

City Engineer Owner

Signature of Property Owner or Representative

INSPECTOR'S REPORT

DATE:

COMMENTS: OL

APPROVED

DISAPPROVED

SIGNATURE

12/23/2015

See Att

SKETCH PLAN

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: 7 1	16/2015				No.	WW-15-19
		\$495.00		h Length:		0.00
Service Location:	111 ((OVE ST	Owne	r Name:	PANAGAKOS	MICHAEL W
Type of Occupancy:	Commerc	ial	Туре	of Work:	Sewer - New	Sewer Service
Work Description:	500 GPD SDR 35 PV	SEWER STUB AT PROPER	TY LINE			
	P 72 L 357+358	RMIT#24437				
No. of Units :	0	Required Design Daily Flow :		0.00	Provided Daily Flow	0.00

nstalling Company Name:	License Type:	

City/Town/State:

24437

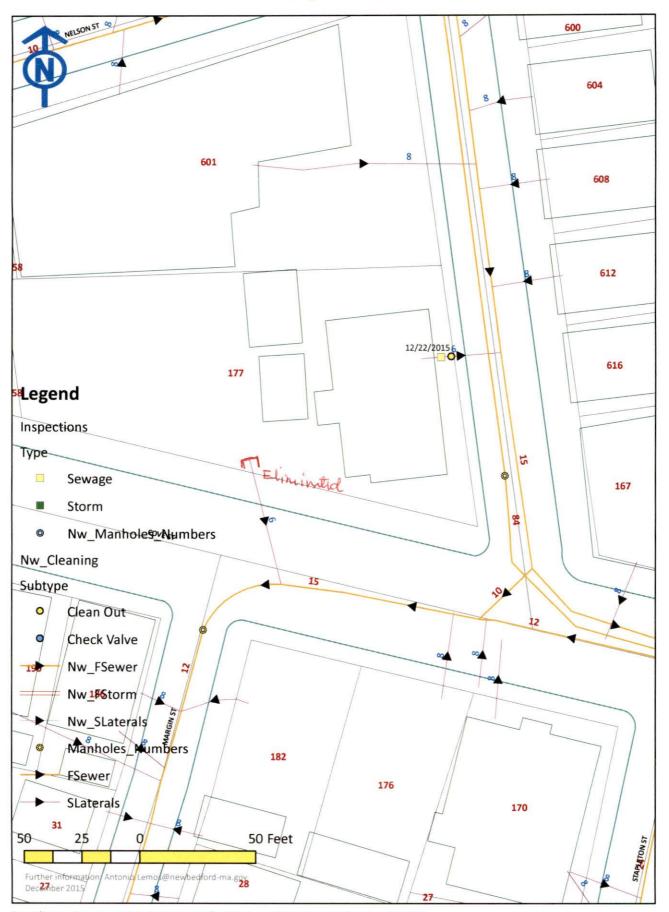
Work	Order	Number: 16-012296							12/2/2016 2:49 PM
Category:	Serv	vice Lateral Gravity			'	Priority:			
Problem:	Cont	ractor Inspection				Crew:			
Cause:					:	Supervisor:	MANUEL SILVA		
Main Task:	Inves	stigate / Inspect			;	Status:	New Work Order		
Work Order Sta	r Start Date/Time:					Work Order B	End Date/Time:		
177 COVE S									
		n Request 2:30 SEWER INSPECTION	(JB L	ANAGAN	GAF	RY 508 951 2	115)		
Task Start Date	e/Time:				Task	k End Date/Ti	me:		
Task Code:		SWT220	Tas	k Descript	ion:	Investig	ate / Inspect		
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Employee Nur	mher	Employee Name		Reg	OT	Normal	<u>Type</u>	Units	
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12/7/2	416	1							
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Equipment Co	ode_	Equipment Description					<u>Units</u>		
							_		
Material Code		Material Description					Units		
Fluid Codo		Fluid Description					Units		
Fluid Code		<u>Fluid Description</u>					Units		
lu_	fo:	ok.							

See and.

Antinio Shall 12/9/2016

. Work	Order	Numbe	r: 15-001133							12/21/2015 12:00 PM
Category:	Serv	Service Lateral Gravity Contractor Inspection			F	riority:				
Problem:	Con					Crew:	-			
Cause:			S		Supervisor:					
Main Task:	Investigate / Inspect				Status:	New Work	Order			
Work Order S	tart Date	Time:			\	Nork Order E	nd Date/Time	:		
COVE ST	ion (s)									
		m Reques	VE ST NS W X S.SECONE	O ST 12/22/15	INSPEC	TION 9AM	JOHN 774-930)-3872		
Task Start Da	te/Time:				Task	End Date/Ti	me:			
Task Code:		SWT2	220	Task Desc	ription:	: Investigate / Inspect				
						Time	е Туре	pe		
Employee Nu 14950	ımber		ree Name NO LEMOS	Reg 0.00	<u>OT</u> 0.00	Normal 0.00	Type REGULAR	TIME	<u>Units</u> Hours	
14930		ANTON	NO LEMOS	0.00	0.00	0.00	REGOLAR	TIME	riodio	
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Equipment C	ode	-	Equipment Description				-	Units		-
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Material Cod	<u>e</u>		Material Description					<u>Units</u>		
Fluid Code			Fluid Description					Units		
***************************************			8							
		_								

Inspections



Coordinate System: NAD 1983 StatePlane Massachusetts Mainland FIPS 2001

Projection: Lambert Conformal Conic Datum: North American 1983

Inspections

