



Expires: 8/6/16

PERMIT NO.

24450

CITY OF NEW BEDFORD
SEWER AND/OR STORM DRAIN PERMIT

DATE 8/6/15

This certifies that permission is granted to

Neil Stark 197 Upton St NB 508-273-3311
Property Owner Address Tel.

To connect a sewer and/or storm drain located at 197 Upton Street

Assessor's Plot 95 Lot 197, to the sewer and/or storm drain in 8 inch sewer on Upton 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 440 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:

Name Fairmen Excavating Address 10 Oliver St NB 02719 Tel. (508) 979-6149

Type of Pipe Required: Pre ST 35

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 \$ where applicable, must accompany this application.

Bank# Southern Mass C.U Check# 5892 Date 8/6/15 Receipt# 114904

Other requirements: Please call 24hr inspection for inspection @ (508) 979-1550

Ext. 67301

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

City Engineer Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY:
DATE:
COMMENTS:

APPROVED

DIS

SEE WHITE SHEET

SIGNATURE



Expires: 8/6/16

INSPECTOR
8/6 @ 130



PERMIT NO.

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Name: Tel:

Mailing Address:

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

Name: Fairhaven Excavating Address: 5 Oliver Street, Fairhaven MA 02719 Tel: (508) 999-6749

Type of Pipe Required: PVC 32" 35'

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- Industrial User Discharge Permit No. Date:

Comm. Mass. Sewer Conn./Ext. Permit No. Date:

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Bank: Southern Mass CU Check# 5892 Date 8/6/15 Receipt# 114904

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City Engineer 8/6/2015

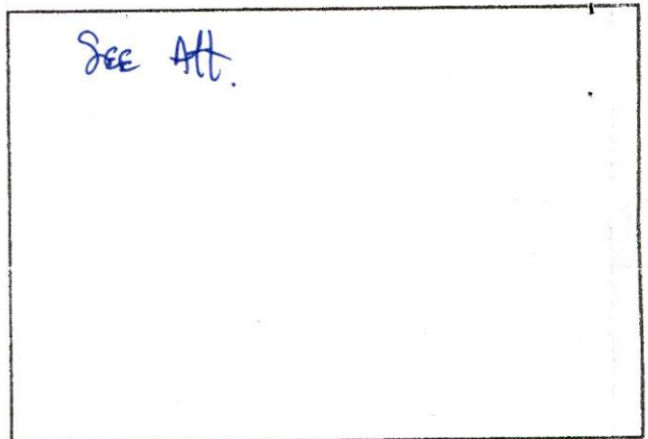
Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: Antonio Lima
DATE: OK 08/07/2011
COMMENTS:

APPROVED DISAPPROVED

Signature
SIGNATURE



SKETCH PLAN

6-123A
ON PWT
No are

WW-15-2

Expires: 8/6/16



PERMIT NO:
24450

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SEWER AND/OR STORM DRAIN PERMIT

DATE 8/6/15

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Name: Mailing Address: Tel.

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ace/ Name Fairhaven Excavating Address 5 Oliver Street Fairhaven MA 02719 Tel. (508) 999-6749
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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 \$ where applicable, must accompany this application.

Bank# Southern Mass C.U Check# 5892 Date 8/6/15 Receipt# 114904

Other requirements: Please call 24hr in advance for inspection @ (508) 979-1550

ext. 67301

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

Neil Stark 8/6/2015
City Engineer

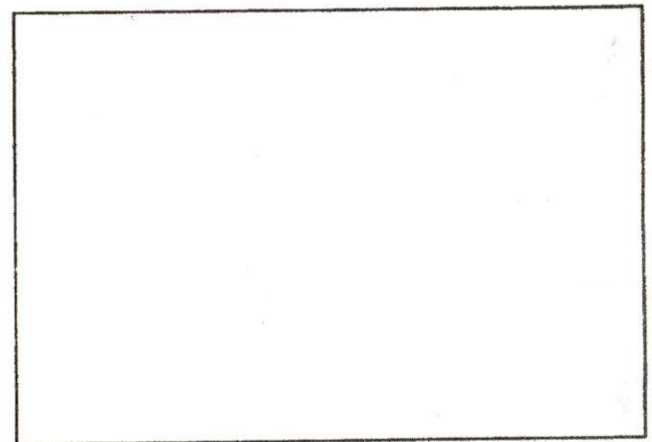
Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: DATE: COMMENTS:

APPROVED DISAPPROVED

SIGNATURE



SKETCH PLAN



Department of Public Infrastructure

Ronald H. Labelle
Commissioner

CITY OF NEW BEDFORD

Jonathan F. Mitchell, Mayor

Water
Wastewater
Highways
Engineering
Cemetery

To Whom It May Concern:

I Neil Stark 197 Upton ST, being
(Name) (Mailing Address)

Owner of property located at

SAME AS ABOVE

Plot 95, Lot 197, hereby agree to allow Fairhaven Excavating
(Name)

15 Oliver ST Fairhaven, to 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 Neil Stark
Signature

197 Upton ST New Bedford MA 02740
Address

8/6/15 508-273-3311
Date Telephone number

1542
MISCELLANEOUS PAYMENT RECPT#: 114904

City of New Bedford

133 William St.

New Bedford MA 02740

DATE: 08/06/15

TIME: 10:49

CLERK: a450mb

DEPT:

CUSTOMER#: 0

COMMENT:

CHG: DPISW DPI SEWER PERMI 450.00

REVENUE:

1 63906000 422185 450.00

Sewer Permit Fee

CASH:

TW05 101009 450.00

Cash Treasurer Dep W

AMOUNT PAID: 450.00

PAID BY: CUSTOMER

PAYMENT METH: CHECK

5892

REFERENCE:

AMT TENDERED: 450.00

AMT APPLIED: 450.00

CHANGE: .00

No. 15-05

FEE \$60.00

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 197 UNION ST as described in the application for

Disposal System Construction Permit No. _____, dated _____.

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

Date 8/6/15 Board of Health [Signature]



CITY OF NEW BEDFORD

JONATHAN F. MITCHELL, MAYOR

HEALTH DEPARTMENT

BOARD OF HEALTH

PATRICIA L. ANDRADE, M.D.

ATHENA XIFARAS, M.D.

CRAIG LONGO, M.D.

DIRECTOR OF HEALTH

BRENDA K. WEIS, M.S.P.H., Ph.D.

SEPTIC SYSTEM ABANDONMENT CERTIFICATION

ABANDONMENT PERMIT NO.: _____ ISSUED: _____

LOCATION OWNER: Neil Stark

LOCATION ADDRESS: 197 Upton Street New Bedford Ma

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: 8/6/15 *(Please provide the receipt.)

SEPTAGE HAULER NAME: Mr. Cesspool

☐

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

AND

☐

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

Date of Completion: 8/6/15

Company name: Fairhaven Excavating

Licensed Drainlayer- Please Print: C. Liggerio / Robert Rodeniques

*Drainlayer Signature: C. Liggerio / Robert Rodeniques

Drainlayer Address: 15 Oliver Street Fairhaven ma 02719

Tel: 508-999-6749

***This certification statement must be completed and submitted to the Environmental Health Division at the address below within seven (7) days of completion of the sewer connection.**

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: 9/1/2015

No. WW-15-31

Sewer Connection Fee: \$450.00

Pipe Size: 0.00

Trench Length: 0.00

Service Location: 197 UPTON ST

Owner Name: STARK NEILMACOMBER STACY

Type of Occupancy: Residential

Type of Work: Sewer - New Sewer Service

Work Description: sewer permit# 24450

197 Upton St
P. 95 L.197
8inch sewer on Upton Street

expires 8/6/16

No. of Units : 0 Required Design Daily Flow : 0.00 Provided Daily Flow : 0.00

The undersigned petitions you to grant permission to ENTER INTO THE MAIN SEWER and, if such permission is granted, hereby agrees to the following:

1. To abide by the conditions and regulations imposed by the Commissioner of Public Works by statute or by ordinance now in force, or as amended from time to time.
2. That the connection of said sewer with the main sewer shall be inspected by an employee of the department of Public Works or by a designated agent of the Town before burial of said connection.
3. That the work shall at all times be under the direction and control of the Commissioner of Public Works or his authorized agent, and that any expense incurred by the Town shall be charged to the permittee, and said permittee agrees to reimburse the Town for said expense.

Installing Company Name: Fairhaven Excavating/Ace Asphalt

License Type: DPI - Other

Address: 15 Oliver St City/Town/State: Fairhvaen MA

Call (781) 942-9077 For Inspection

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

GRANTED WITH THE USUAL CONDITIONS



COMMISSIONER

Call (781) 942-9077 For Inspection

Cheveli A. Torres

From: Sarah Porter
Sent: Wednesday, October 08, 2014 10:32 AM
To: Cheveli A. Torres
Subject: RE: ABANDON SEPTIC SYSTEM

Hi Cheveli, all set to issue permit – no wetlands

From: Cheveli A. Torres
Sent: Tuesday, October 07, 2014 3:25 PM
To: Sarah Porter
Subject: ABANDON SEPTIC SYSTEM

Hello,
Sarah

Location 197 Upton St. They will shortly be abandoning the septic system at this location and would like to tie into city sewer, Are they cleared as far as wetlands. Just let me know please.

Thank you,
Cheveli

Account First Name MI Last Name / Name Line 2 Phone Number Ten
033367A NEIL STARK 774-473-0325
STACEY MACOMBER

Soc Sec No Driver Lic Credit Reference Information Years Start Dt Lien

Mode: #Lines:12

Water Consumption				Sewer Consumption					
Mon	Odd Year	tp	Even Year	tp	Mon	Odd Year	tp	Even Year	tp
Jan	5	A	3	A	Jan		A		A
Feb	4	A	5	A	Feb		A		A
Mar	5	A	4	A	Mar		A		A
Apr	4	A	5	A	Apr		A		A
May	6	A	4	A	May		A		A
Jun	6	A	5	A	Jun		A		A
Jul	9	A	4	A	Jul		A		A
Aug	5	A	3	A	Aug		A		A
Sep	5	A	5	A	Sep		A		A
Oct	6	A			Oct		A		
Nov	9	A			Nov		A		
Dec	7	A			Dec		A		

Valid modes are: ./ACDILSOMRU123456?. 123456 same as ACDILS. .update

/exit Add Change Delete Insert Look Search cOpY Move soRt Undo_sort ?help.

DYE TEST STUDY

DATE ----- 9/22/14 -----

ADDRESS----- 197 UPTON ST -----

DYE TESTED ----- ☒ YES ----- NO

IF NO WAS NOTICE LEFT-----

IF YES DID THE DYE SHOW UP IN THE

STORM

OR

SEWER

NAME OF PERSON OR PERSONS
DOING DYE TESTING

SHAWN A

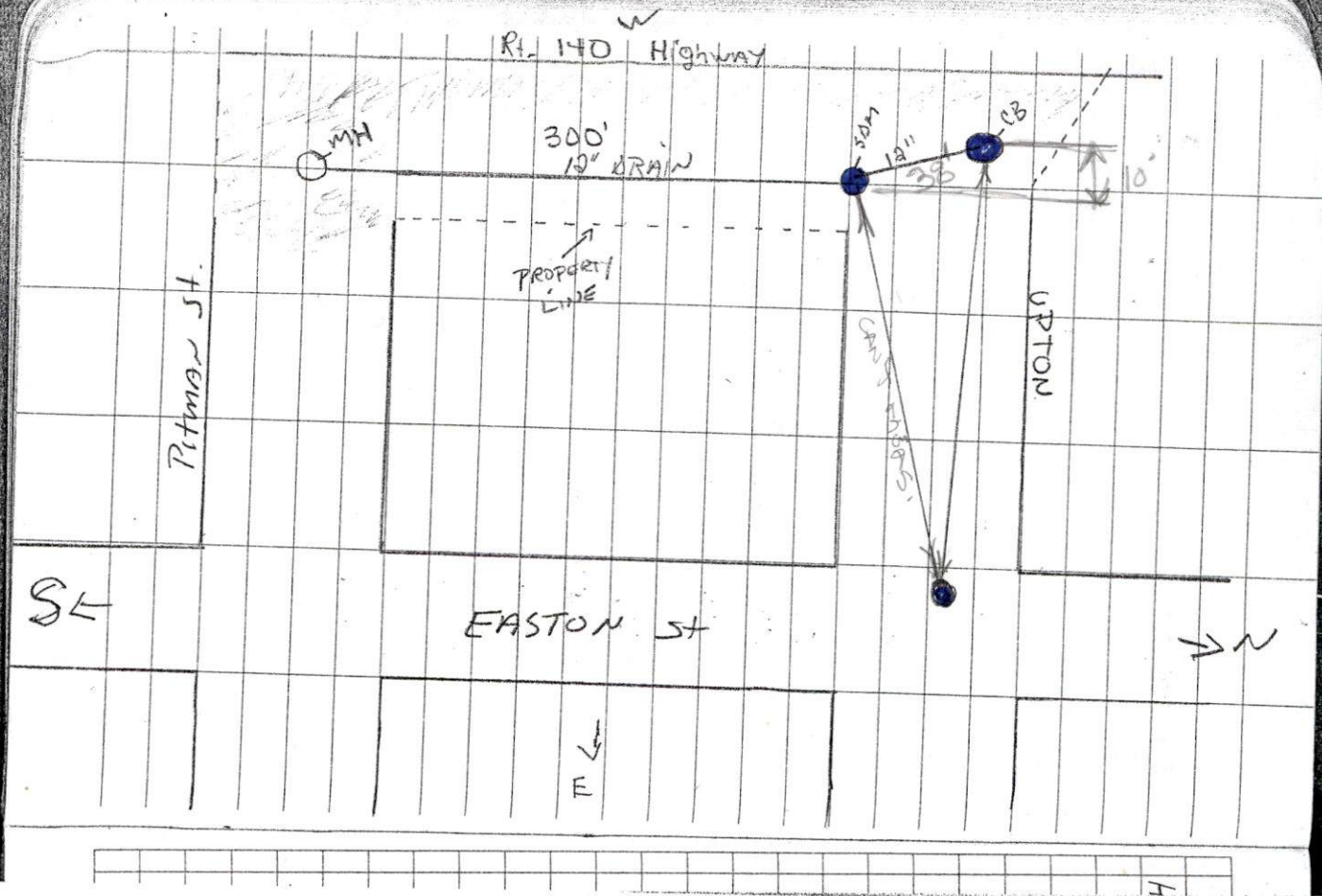
JOHN A

NOTES----- LINE HAS SEPTIC, NOT CONNECTED
----- TO NEITHER SEWER OR STORM



Google 197 Upton St





DRAIN PROJECT

HERMAN ST. BETWEEN
UPTON ST. & PITMAN ST

BOB NEED MEASURES OF MH & CB MH
AND LOCATION



$$\frac{1.2}{270} = 0.0066 \text{ slope}$$



183

197

8/7/2015



38 ft

10 ft

2

UPTON ST

03

(Low pressure system)

Legend

• <all other values>

Subtype

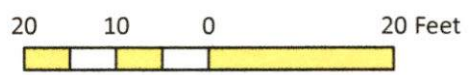
● Clean Out

● Check Valve

▶ LateralLine

▶ Fsewer

● Manhole



198

Antonio P Lemos
August 2015