



Exp: 5/13/17

PERMIT NO.  
24474

CITY OF NEW BEDFORD  
SEWER AND/OR STORM DRAIN PERMIT

DATE 5/13/16

This certifies that permission is granted to

Property Owner: Janice Eleanor Dunn Address: 47 Cedar Street, Fairhaven, MA 02719 Tel.: 508 542-4285

To connect a sewer and/or storm drain located at 961 Tradewind Street

Assessor's Plot 120 Lot 28, to the sewer and/or storm drain in Tradewind 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:

Name: R.J. CANESSA Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

Type of Pipe Required: PVC SDR 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, plus an Entrance Fee of \$ 440, where applicable, must accompany this application.

Bank# \_\_\_\_\_ Check# \_\_\_\_\_ Date \_\_\_\_\_ Receipt# \_\_\_\_\_

Other requirements: Please call 24 hours in advance for inspection

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: Manuel H. Selva Signature of Property Owner or Representative: Kam [Signature]  
Supervising Civil Engineer

INSPECTOR'S REPORT

INSPECTED BY: \_\_\_\_\_

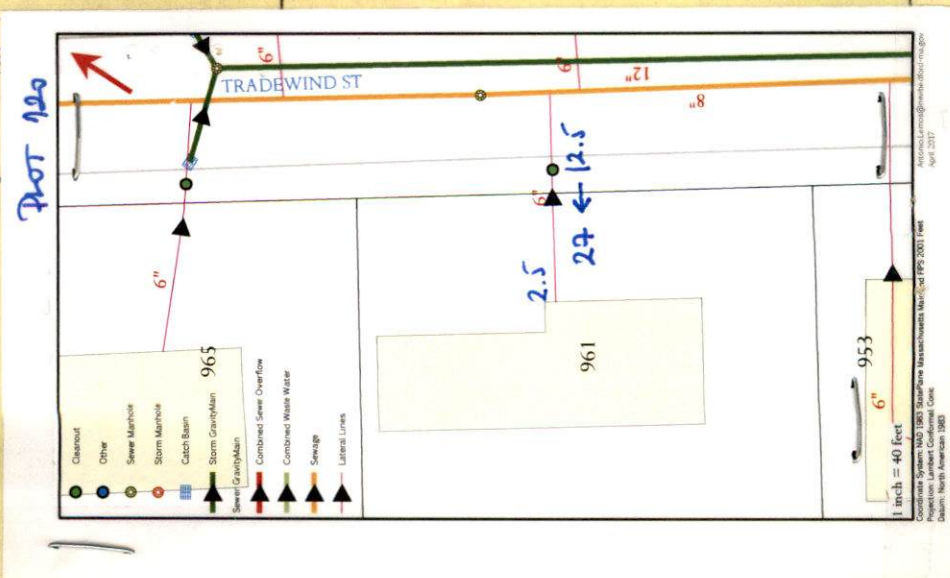
DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

APPROVED

DIS

SEE INSP. WORK ORDER  
SIGNATURE





TWOW-116-102

Exp: 5/13/17



PERMIT NO.  
24474

CITY OF NEW BEDFORD  
SEWER AND/OR STORM DRAIN PERMIT

DATE 5/13/16

This certifies that permission is granted to

James & Eleanor Dunn 47 Cedar Street Fairhaven, MA 02719 508-342-4250  
Property Owner Address Tel.

To connect a sewer and/or storm drain located at 961 Tradewind Street

Assessor's Plot 120 Lot 28, to the sewer and/or storm drain in Tradewind 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 Mailing Address Tel.

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

RJ CANESSA

Name Address Tel.

Type of Pipe Required: PVC SDR 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, plus an Entrance Fee of \$440, where applicable, must accompany this application.

Bank# Bay Coast Check# CK# 93269440 Date 5/13/16 Receipt# 445291

Other requirements: Please call 24 hours in advance for inspection

Sewer

Connection made to 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

Manuel H. Selva City Engineer

Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY:

DATE:

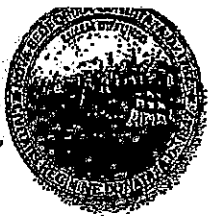
COMMENTS:

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 X JAMES AND CLEANDRUM of 47 Cedar St Fairhaven, being  
(Name) (Mailing Address)

Owner of property located at

961 Tradewind St New Bedford

Plot 120, Lot 28, hereby agree to allow RJ CANESSA EXL,  
(Name)

P.O. Box 51643 New Bedford 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 Cleandro Dumm  
Signature

47 Cedar St Fairhaven  
Address

5/11/16 1-508-542-4289  
Date 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: **9/2/2016**

No. **WW-16-12**

Sewer Connection Fee: **\$890.00**

Pipe Size: **0.00**

Trench Length: **0.00**

Service Location: **961 TRADEWIND ST**

Owner Name: **DUNN ELEANORDUNN JAMES E**

Type of Occupancy: **Residential**

Type of Work: **Sewer - New Service Abandon  
Septic**

Work Description: **sewer permit#24474**

**P120 L28**

**961 Tradewind St**

**expires 5/13/17**

**abandonment of septic permit #**

**connecting into tradewind st**

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: \_\_\_\_\_ License Type: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town/State: \_\_\_\_\_

**Call (781) 942-9077 For Inspection**

No. \_\_\_\_\_

*once signed: post - give yellow copy*  
COMMONWEALTH OF MASSACHUSETTS

FEE 60  
1 Term

*\*Needs to Bring back  
sewer entrance permit*

Board of Health, \_\_\_\_\_, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct( ) Repair( ) Upgrade( ) Abandon(✓) an individual sewage disposal system at 961 Tradewind St as described in the application

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 5/13/16 Board of Health [Signature]

Order Number: 16-004915

5/26/2016  
10:36 AM

Category: Service Lateral Gravity Priority: \_\_\_\_\_  
 Problem: Contractor Inspection Crew: \_\_\_\_\_  
 Cause: \_\_\_\_\_ Supervisor: MANUEL SILVA  
 Main Task: Investigate / Inspect Status: New Work Order  
 Work Order Start Date/Time: \_\_\_\_\_ Work Order End Date/Time: \_\_\_\_\_

Location (s) \_\_\_\_\_  
 961 TRADEWIND ST

Comments from Request \_\_\_\_\_  
 SEWER INSPECTION FRI 5/27/16 @ 1:00

Task Start Date/Time: \_\_\_\_\_ Task End Date/Time: \_\_\_\_\_

Task Code: SWT220 Task Description: Investigate / Inspect

Employee Number	Employee Name	Time Type				Units
		Reg	OT	Normal	Type	
14950	ANTONIO LEMOS	0.00	0.00	0.00	REGULAR TIME	Hours
5/27/2016		1.5				

Equipment Code	Equipment Description	Units

Material Code	Material Description	Units

Fluid Code	Fluid Description	Units

Info. OK.

See ATT.

Paulo Lemos  
5/27/2016

PS. Abandonment of septic system