



PERMIT NO.

CITY OF NEW BEDFORD  
SEWER AND/OR STORM DRAIN PERMIT

DATE 10/19/10

exp: 10/19/11

24494

This certifies that permission is granted to

Property Owner Roberta K Harrison Address 830 Tradewind St Tel. \_\_\_\_\_

To connect a sewer and/or storm drain located at 830 Tradewind St

Assessor's Plot 73 Lot 21, 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 \_\_\_\_\_ Address \_\_\_\_\_ Tel. \_\_\_\_\_

Type of Pipe Required: PVC trench

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. 16-12 Date 10/17/10

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# santander Check# 3300 Date 10/19/10 Receipt# 735978

Other requirements: please contact us with 24 hours 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

Mark M. Amodeo  
City Engineer

Roberta K Harrison  
Signature of Property Owner or Representative

INSPECTOR'S REPORT

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

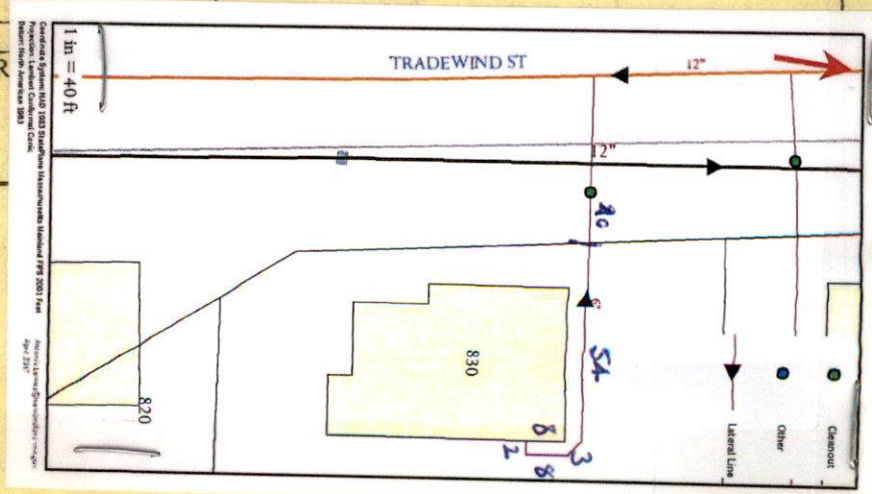
DATE: \_\_\_\_\_

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

APPROVED

DISAPPR

SEE WHITE SHEET  
SIGNATURE







Inspection Pickup  
11:00 AM

exp: 10/19/16

PERMIT NO.  
24494

CITY OF NEW BEDFORD  
SEWER AND/OR STORM DRAIN PERMIT

DATE 10/19/16

This certifies that permission is granted to  
Roberta K Harrison 830 Tradewind St  
Property Owner Address Tel.

To connect a sewer and/or storm drain located at 830 Tradewind St

Assessor's Plot 73 Lot 21, to the sewer and/or storm drain in Tradewind Street

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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 12 inch

PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE

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- Industrial User Discharge Permit No. 16-12 Date 10/17/16

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# Santander Check# 3300 Date 10/19/16 Receipt# 7 35976  
3301 7 35983

Other requirements: please contact us with 24 hours  
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

Antonio P. Lemos Roberta K Harrison  
City Engineer Signature of Property Owner or Representative  
Clerk of the Works

INSPECTOR'S REPORT

INSPECTED BY: Antonio P. Lemos  
DATE: \_\_\_\_\_  
COMMENTS: OK

APPROVED DISAPPROVED  
Antonio Paulo Lemos  
SIGNATURE

SEE MAP.  
NEW SERVICE  
Abandonment of  
septic system

SKETCH PLAN

FIG P. 102E ON PLAN





WW-16-19

exp: 10/19/16

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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:  
R. J. Canessa  
Name \_\_\_\_\_ Address PVC 12 inch Tel. \_\_\_\_\_  
Type of Pipe Required: \_\_\_\_\_

PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE

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  - 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.
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- Industrial User Discharge Permit No. 16-12 Date 10/17/16

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# Santander Check# 3300 Date 10/19/16 Receipt# 735974  
3301 735983

Other requirements: please contact us with 24 hours  
for inspection

Connection made to Sewer Part of jointly-shared private line YES NO  
Storm Drain

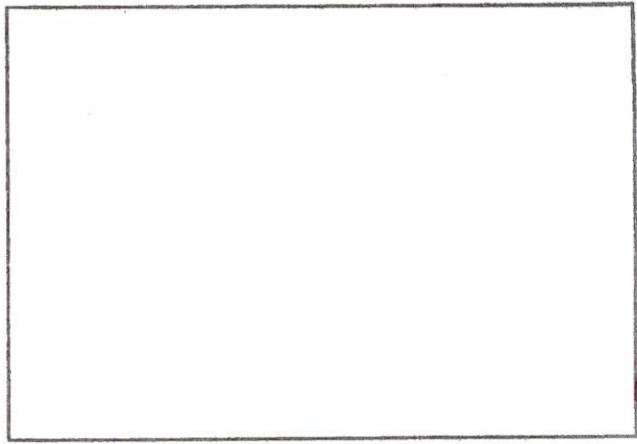
Applicant agrees to abide by the above terms, as well as all pertinent ordinances of the City of New Bedford, and such other special rules as the Commissioner of Public Infrastructure and/or City Engineer may deem necessary

James M. Amadeo Roberta K Harrison  
City Engineer Signature of Property Owner or Representative  
Clerk of the Works

INSPECTOR'S REPORT

INSPECTED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_  
COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
APPROVED DISAPPROVED

SIGNATURE



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: **10/31/2016**

No. **WW-16-19**

Sewer Connection Fee: **\$890.00**

Pipe Size: **0.00**

Trench Length: **0.00**

Service Location: **830 TRADEWIND ST**

Owner Name: **HARRISON ROBERTA K**

Type of Occupancy: **Residential**

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

Work Description: **sewer #24494  
P. 73 L 21**

**connecting into city sewer,  
Abandonment of Septic**

**#16-12 abandonment of septic permit**

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: **Robert J. Canessa**

License Type: **DPI - Other**

Address: **P. O. Box 51643**

City/Town/State: **New Bedford**

**MA**

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



Roberta Harrison  
588 479 7259

- 4410  
→ 450  
\$ 890.00

No. 16-12

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 830 TRADEWIND ST as described in the application for Disposal System Construction Permit No. 16-12, dated 10-17-16

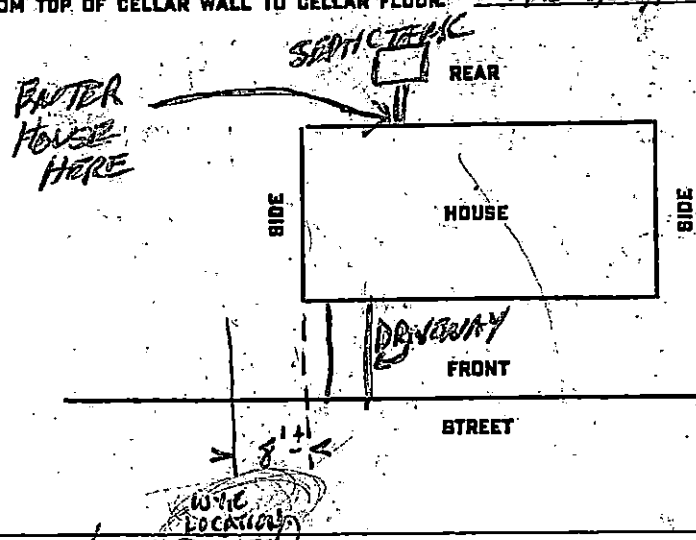
**Provided:** Construction shall be completed within three years of the date of this permit. All local conditions must be met.

Date 10/17/16 Board of Health Sandra Harrison

HOUSE NO. 830

AVENUE STREET TRADEWIND 12'

DEPTH FROM TOP OF CELLAR WALL TO CELLAR FLOOR 40 INCHES



SIGNED BY Henry J. Henry DATE 18 APRIL 1929  
7-9609 SOUCY, HENRY J.

## Mallory J. Sylvia

---

**From:** Sarah Porter  
**Sent:** Monday, October 17, 2016 10:59 AM  
**To:** Mallory J. Sylvia  
**Subject:** RE: SEPTIC

Good Morning Mallory

That address is all set, no wetland issues  
Thank you

Sarah

---

**From:** Mallory J. Sylvia  
**Sent:** Monday, October 17, 2016 10:50 AM  
**To:** Sarah Porter  
**Subject:** SEPTIC

Good Morning,  
I was looking to see if 830 TRADEWIND ST. could abandon their septic system.  
Thank you for your time,

*Mallory Sylvia*

Data Entry Clerk  
Department of Public Infrastructure  
1105 Shawmut Avenue  
New Bedford, MA 02746  
p: 508-979-1550 x67314  
f: 508-991-6152

Work Order Number: 16-011680

11/16/2016  
2:41 PM

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) \_\_\_\_\_  
840 TRADEWIND ST

Requester Information  
Name: RJ Canessa Phone #: \_\_\_\_\_ Address: 840 TRADEWIND ST Home Phone #: 508-998-3404 Work Phone #: \_\_\_\_\_

Comments from Request  
inspection of new sewer service 11/17 @11am

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
	11/17	1				

Equipment Code	Equipment Description	Units

Material Code	Material Description	Units

Fluid Code	Fluid Description	Units



Work Order Number: 16-011777

11/18/2016  
7:51 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) \_\_\_\_\_  
 830 TRADEWIND ST

Requester Information

Name: karen canessa Phone #: 508-971-4911 Address: 830 TRADEWIND ST Home Phone #: 508-971-4911 Work Phone #: \_\_\_\_\_

Comments from Request

inspection Friday 11am 11/18/16

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
	11/18	1				

Equipment Code	Equipment Description	Units
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Material Code	Material Description	Units
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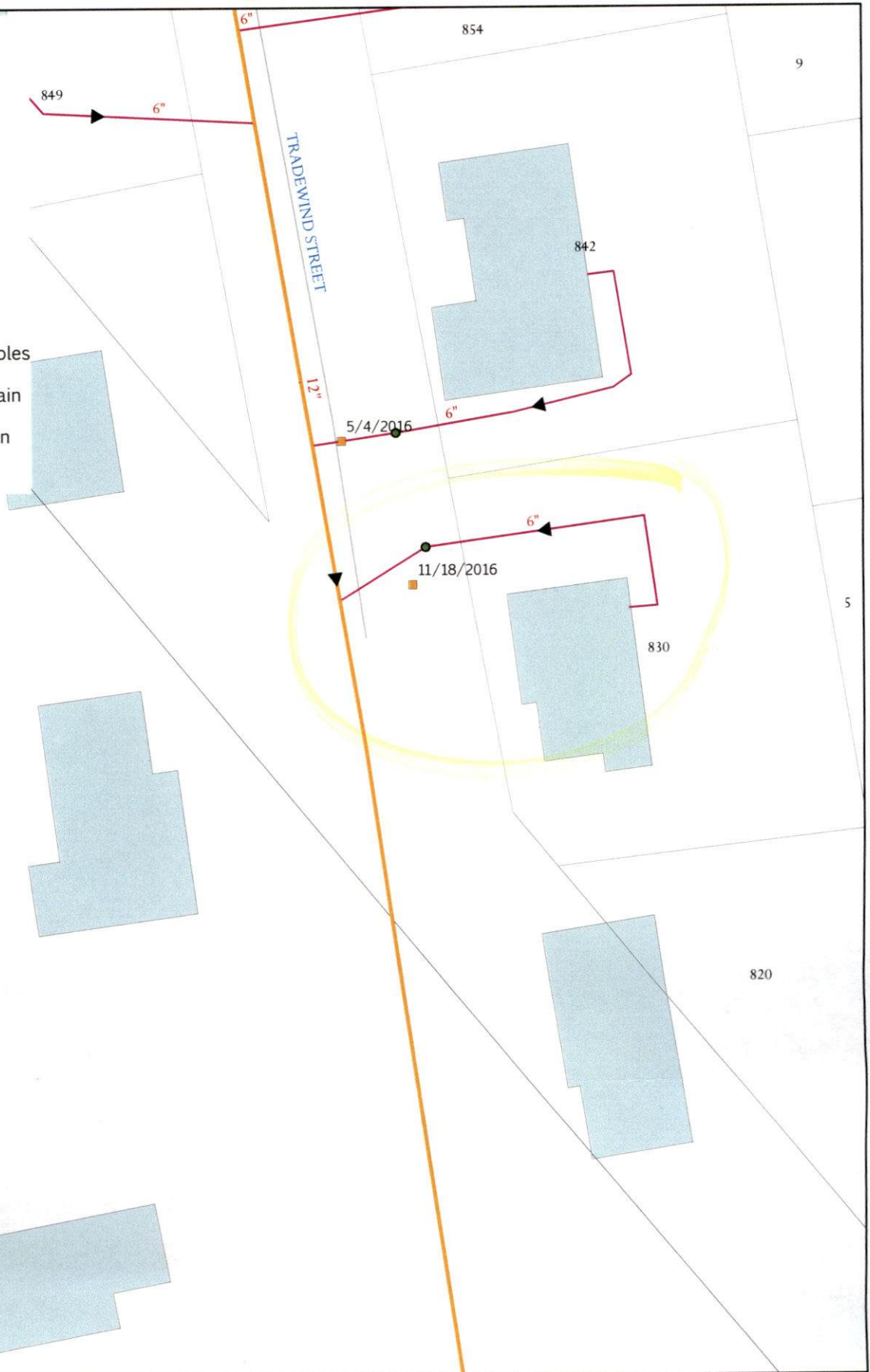
Fluid Code	Fluid Description	Units
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# Inspections

## Inspections

### Type

- Drain Roof
- Sewage
- Storm
- CleanOut
- ⊗ Storm Manhole
- ⊗ Sewer Manhole
- ⊗ Common Manholes
- ➔ Sewer GravityMain
- Pressurized Main
- ➔ Lateral Lines



1:480