

CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

DATE 12/4/10

24499

This certifies that permission is granted to	
	5 133 Fauce comes eD - 5DK 3260-
Property Owner Address	Tel.
To connect a sewer and/or storm drain located at	elleville ED (N.S) 87' Wx acushnet a
Assessor's Plot 70% Lat 47 to the sewer	r and/or storm drain in BUILLUIIL RD Street
To be laid in accordance with the conditions in this a TYPE OF USE: RESIDENTIAL COM	application and the City of New Bedford ordinances. MMERCIAL INDUSTRIAL FLOWG.P.D.
TIPE OF USE: RESIDENTIAL COM	WIMERCIAL TECH_CARD.
If applicant other than actual property owner, attach	Letter of Authorization from Property Owner.
Mailing Address	Tel
The Bonded Contractor/Drain Layer author	rized to perform this work is:
Name Addres	Tel.
Type of Pipe Required:	S Canagar Tel.
PERMIT EXPIRES ONE YEAR AFTER DATE	OFISSIE
	and storm drain where applicable. Storm water cannot be discharged to a
sanitary sewer.	
All work must be inspected and approved by	by a D.P.I. inspector before backfilling.
If this connection is to be part of a private s Joint Maintenance Agreement.	service shared jointly with other building owners, attach copy of Recorded
Permits can be issued to Industrial and/or Comments	Commercial Applicants only upon receipt and approval by the Commissioner of
Public Infrastructure of required plans and	supplemental information.
Commonwealth of Massachusetts D.E.P. sl	hall be required by the City for Industrial Discharge into the sewer system.
Industrial User Discharge Permit No	Date
Comm Mass Sewer Conn /Fyt Permit No	Date.
A Filing and Inspection Fee of \$, plus an	Entrance Fee of \$ where applicable, must accompany this application.
Bank# Yell C + 1 MaCheck#	38409 Date 12/11/14 Receipt# 816555 Ontact USIVITE 24 hours
Other requirements: ARAA	ontact ascours 29 mours
for 1175 pc	ction.
Sewer	
Connection made to Part of Storm Drain	f jointly-shared private line YES NO
Applicant agrees to abide by the above term	s, as well as all pertinent ordinances of the City of New Bedford, and such ublic Infrastructure and/or City Engineer may deem necessary
V A m man do	D Brull
City Engineer	Signature of Property Owner or Representative
Clerk of the Works	Signature of Property Owner of Representative
	INSPECTOR'S REPORT
INSPECTED BY:	
DATE:	
COMMENTS:	
- December 2	
APPROVED DISAPPROV	F 4
and the second s	3.5
SEE JUSP WORK ORDER	(b)
SIGNATURE	
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	24" >





CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

exf 12 (6/1)

This certifies that permission is granted to 133 Fauce corner eD - 508 *panagakos* To connect a sewer and/or storm drain located at. belle ville To be laid in accordance with the conditions in this application and the City of New Bedford ordinances. **FLOW** COMMERCIAL **INDUSTRIAL** TYPE OF USE: RESIDENTIAL If applicant other than actual property owner, attach Letter of Authorization from Property Owner. The Bonded Contractor/Drain Layer authorized to perform this work is: 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. A Filing and Inspection Fee of \$...... where applicable, must accompany this application. and Check# 38400 Date ascerth 2 Other requirements:.. 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 other special rules as the Commissioner of Public Infrastructure and/or City Engineer may deem necessary Signature of Property Owner or Representative INSPECTOR'S REPORT INSPECTED BY: DATE: COMMENTS: APPROVED DISAPPROVED SIGNATURE

SKETCH PLAN

APPLICATION/AGREEMENT

For Trench/Disturbance Permit within the City of New Bedford

Permit # 32 - 10Dig Safe # 20/0 - 480 - 9/0 \neq

Date 12/10/10
O THE MAYOR AND CITY COUNCIL: DISTURBANCE PERMIT TRENCH-SAFETY PERMIT
ermission is hereby requested to excavate the surface of: City Property and/or Private Property Provide Sketch
ocation of Work: 1771 Acushret Oul For Inspection only A 24 Hour
ubstantially as per plan annexed, for the purpose of: Onvect Water NOTICE IS REQUIRED AND THE CONTRACTOR/APPLICANT IS REQUIRED TO NOTIFY THE D.P.I. @ 508 979-1550 Press & Repair
Sculer and drawinge ROADWAY CLOSURES WILL REQUIRE
Vork will begin (weather permitting) on: 1010/10 COMMISSIONOR OF PUBLIC INFRASTRUCTURE. TRAFFIC MANAGEMENT
Vork will end (weather permitting) on:
applicant Name: Ann Church Excavator(s) Name: on file
Company Name: 38 Lanagan + Compa Hoisting Equipment License Number: Expiration Date:
Contact Number: 508-984-1668 Name & Contact Number of Insurer: 50 File
Competent Person on Work Site: All Church APPROVED BY: Wand Amada DATE: 12/16/16 TITLE: Closh of the Wades

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.

Work Ord	ler Numb	per: 16-013064						12/22/2016 8:16 AM	
Category:	Service Late	vice Lateral Gravity Prior						6. 10 AW	
Problem:	Contractor I	nspection			Crew:				
Cause:	Investigate / Inspect				Supervisor:	MANUEL SILVA			
Main Task:					Status:	New Work Order			
Work Order Start D	Start Date/Time:					k Order End Date/Time:			
Location (s)									
Comments sewer inspection-1									
Task Start Date/Tim	ne:			Task	End Date/Tir	me:			
Task Code:	SW	SWT220		tion:	Investigate / Inspect				
					Time	Туре			
Employee Number 14950		<u>oyee Name</u> ONIO LEMOS	Reg 0.00	<u>OT</u> 0.00	Normal	Type REGULAR TIME	<u>Units</u> Hours		
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			(S = 0.00 S S S S S S S S S						
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Equipment Code		Equipment Description				<u>Units</u>		-	
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Material Code		Material Description				<u>Units</u>			
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Fluid Code		Fluid Description				<u>Units</u>	<u></u>		
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lufo: OK. SEB MAD. 2 THEN SERVICE.

Artónio Sina 12/28/2016