



No YELLOW SHEET

EXP 5/15/18

PERMIT NO.

24513

CITY OF NEW BEDFORD  
SEWER AND/OR STORM DRAIN PERMIT

DATE 5/15/17

This certifies that permission is granted to

Property Owner

Address

Tel.

To connect a sewer and/or storm drain located at

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

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 \$, plus an Entrance Fee of \$, where applicable, must accompany this application.

Bank# Check# Date Receipt#

Other requirements:

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

City Engineer Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: SEE WORK ORDER

DATE:

COMMENTS:

APPROVED DISAPPROVED

SIGNATURE

SKETCH PLAN





WW-17-15

Exp 5/15/18

PERMIT NO.  
24513

CITY OF NEW BEDFORD  
SEWER AND/OR STORM DRAIN PERMIT

DATE 5/15/17

This certifies that permission is granted to

Dennis Deree Deree 29 Frank St 02743 acushnet, MA 508 995 9674  
Property Owner Address Tel.

To connect a sewer and/or leach storm drain located at Alford & (w.s.) 190 N' x Phillips RD

Assessor's Plot 132 Lot 913 to the sewer and/or storm drain in Alford Street 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 \_\_\_\_\_ 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 RS Canessa Tel. \_\_\_\_\_

Type of Pipe Required: SDR Leach

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 \$ \_\_\_\_\_ where applicable, must accompany this application.

Bank# Citizens Bank Check# 3511 Date 5/15 Receipt# 1093044

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

David M. Amodeo  
City Engineer  
Admin Manager

Dennis Deree  
Signature of Property Owner or Representative

INSPECTOR'S REPORT

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

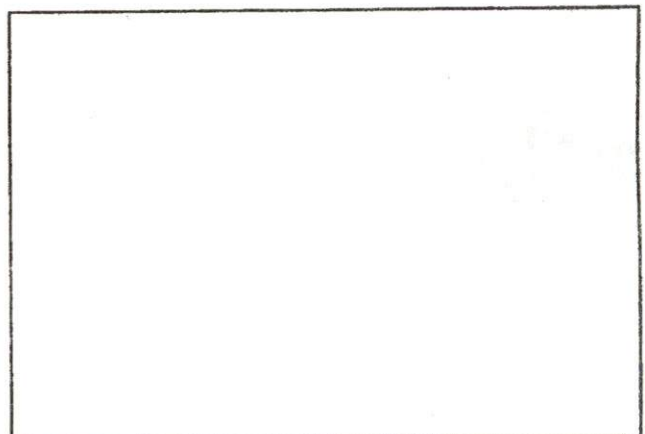
DATE: \_\_\_\_\_

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

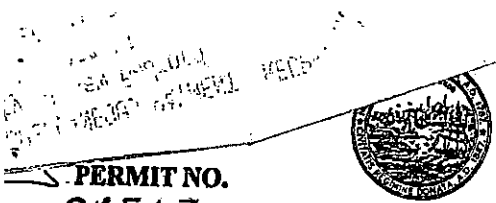
APPROVED

DISAPPROVED

SIGNATURE



SKETCH PLAN



LOW-17-15

EXP 5/15/18

PERMIT NO.  
24513

CITY OF NEW BEDFORD  
SEWER AND/OR STORM DRAIN PERMIT

DATE 5/15/17

This certifies that permission is granted to

Dennis Deree Deree 29 Frank St 02743 Acushnet, MA 508 995 9674  
Property Owner Address Tel.

To connect a sewer and/or storm drain located at Alford St (W.S.) 190 N' x Phillips Rd

Assessor's Plot 132 Lot 913 to the sewer and/or storm drain in Alford Street 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 \_\_\_\_\_ 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 RS Canessa Address \_\_\_\_\_ Tel. \_\_\_\_\_  
Type of Pipe Required: SDR Leach

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 \$ \_\_\_\_\_ where applicable, must accompany this application.

Bank# Citizens Bank Check# 3511 Date 5/15 Receipt# 1093044

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.

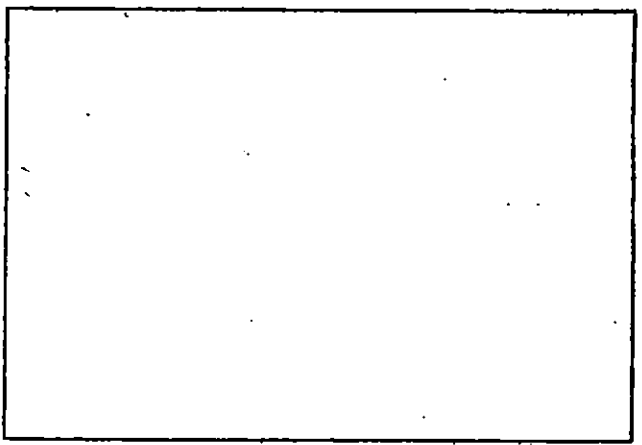
Dennis Deree Dennis Deree  
City Engineer Signature of Property Owner or Representative  
Admin Manager

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: **6/7/2017**

No. **WW-17-15**

Sewer Connection Fee: **\$450.00**

Pipe Size: **0.00**

Trench Length: **0.00**

Service Location: **R WS ALFORD ST**

Owner Name: **DEREE DENNIS BENNETT PAUL**

Type of Occupancy: **Residential**

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

Work Description: **cONNECTING INTO aLFORD sT ws 190' n X pHILLIPS RD**

**P.132  
L913**

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**

**GRANTED WITH THE USUAL CONDITIONS**

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

Work Order Number: 17-006085

5/23/2017  
3:59 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) \_\_\_\_\_  
ALFORD ST

Comments from Request \_\_\_\_\_  
sewer inspection 5/24/17 @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
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Equipment Code	Equipment Description	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____

Material Code	Material Description	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fluid Code	Fluid Description	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____

Permit:

Property: JENNIS DEDEE

245 13<sup>d</sup>

245 25<sup>f</sup>

Work Order Number: 17-006532

6/1/2017  
3:52 PM

Category: Water Service Priority: \_\_\_\_\_  
Problem: Locate Request Crew: \_\_\_\_\_  
Cause: \_\_\_\_\_ Supervisor: DANIEL PERRY  
Main Task: Inspect Status: New Work Order  
Work Order Start Date/Time: \_\_\_\_\_ Work Order End Date/Time: \_\_\_\_\_

Location (s)

ALFORD ST

Comments from Request

SEWER INSPECTION 6/2/17 8:30 AM

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

Task Code: WDT300 Task Description: Inspect

Employee Number	Employee Name	Time Type				Units
		Reg	OT	Normal	Type	
11404	PERCY REYNOLDS	0.00	0.00	0.00	REGULAR TIME	Hours

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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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_____	_____	_____
_____	_____	_____
_____	_____	_____

NEW SERVICE

OK.

Antonio Luna

6/3/2017



