

PERMIT NO.

## CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

DATE 45

24573 This certifies that permission is granted to St. New Bedford Ma. 02740 mohael & Hubert aus 9 Tel. 774. 319. 3178 Property Owner Address To connect a sewer and/or storm drain located at 207 State St. | cap service a install new To be laid in accordance with the conditions in this application and the City of New Bedford ordinances. FLOW G.P.D. INDUSTRIAL COMMERCIAL TYPE OF USE: RESIDENTIAL If applicant other than actual property owner, attach Letter of Authorization from Property Owner. Name.....Tel.... The Bonded Contractor/Drain Layer authorized to perform this work is: JLC Comptruction Address 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. 2932 Date Bank# Citizen's Dank Check# ..... Sewer NO YES 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 - Manuel H. July 9 Deputy Engineer Pepresentative om Mission INSPECTOR'S REPORT INSPECTED BY: SEE GUITE SUEET DATE: COMMENTS: 202 907 DISAPPRO APPROVED STATE ST SIGNATURE 199 207 209



## CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

DATE 4 5 18

PERMIT NO. 24573	CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERM	DATE 45 18
This certifies that permission is granted to		
Property Owner Address	S	Your Bedford Ma 62746
		pservice & install new
Assessor's Plot	the sewer and/or storm drain in S" SEW	es on State Street
To be laid in accordance with the conditions TYPE OF USE: RESIDENTIAL	s in this application and the City of New Bedfo COMMERCIAL INDUSTRIAL	
Name	er, attach Letter of Authorization from Property	
Name Type of Pipe Required:	Address R 35	Tel.
PERMIT EXPIRES ONE YEAR AFTER		
<ul> <li>If this connection is to be part of a Joint Maintenance Agreement.</li> <li>Permits can be issued to Industrial Public Infrastructure of required please In addition, a City-issued Industrial Commonwealth of Massachusetts Industrial User Discharge Permit No</li> <li>Comm. Mass. Sewer Conn./Ext. Permit A Filing and Inspection Fee of \$ 1.50.</li> <li>Bank# City gen's Book Control of the Permit No</li> </ul>	proved by a D.P.I. inspector before backfilling private service shared jointly with other building and/or Commercial Applicants only upon recellans and supplemental information.  If User Discharge Permit and/or a Sewer Exten D.E.P. shall be required by the City for Industry Date	eipt and approval by the Commissioner of asion/Connection Permit issued by the rial Discharge into the sewer system.
Applicant agrees to abide by the about other special rules as the Commission Manuel H. Sulve City Engineer Deputy Commission	ove terms, as well as all pertinent ordinances oner of Public Infrastructure and/or City En  Signature  INSPECTOR'S REPORT	s of the City of New Bedford, and such agineer may deem necessary.  Lee of Property Owner or Representative
Articles		
INSPECTED BY: ANTONIO LEMO DATE: 4/10 2018  COMMENTS: SENER PEDAIR  6" + CO  APPROVED  DISA  Antonio Lond	APPROVED	
SIGNATURE		

SKETCH PLAN



Work	Order	Number: 18-005234								4/10/2018 8:28 AM	
Category:	Serv	Service Lateral Gravity			Pri	ority:				0.207111	
Problem:	Loca	Locate Request				w:			×		
Cause:	_					ervisor:	STEPHAN	STEPHANIE DUPRAS			
Main Task:	Inve	Investigate / Inspect					us: New Work Order				
Work Order Start Date/Time:					Wo	Work Order End Date/Time:					
207 STATE					Wet S						
		m Request I SCHED FOR <mark>4/10/18 @ 1:00PM,</mark>	SEWR # 245	573 PL	OT 78	LOT 199					
Task Start Dat	e/Time:				Task E	nd Date/Ti	me:				
Task Code:		SWT220	Task Des	Task Description:		Investigate / Inspect					
							Time Type				
Employee Number 14950		Employee Name ANTONIO LEMOS			<u>OT</u> 0.00	Normal 0.00	Type REGULAR TIME		<u>Units</u> Hours		
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Equipment Co	<u>ode</u>	Equipment Description						<u>Units</u>			
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Material Code		Material Description					_	<u>Units</u>	<u> </u>		
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Fluid Code		Fluid Description						<u>Units</u>			
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