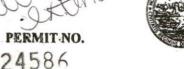


CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

24586

This certifies that permission is granted to Address Property Owner 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 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: 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 \$....., plus an Entrance Fee of \$..... where applicable, must accompany this application. Receipt# Check# Bank# JON HOOD Other requirements: Part of jointly-shared private line YES NO 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 Signature of Property Owner or Representative City Engineer MISSIONER INSPECTOR'S REPORT INSPECTED BY: SEE WHITE SHEET DATE: COMMENTS: 898 DISAPPRO' APPROVED SIGNATURE 885





DATE (0-12-18

CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

This certifies that permission is granted to SA Aquiau 495 R Property Owner To connect a sewer and/or storm drain located at. sever Maur To be laid in accordance with the conditions in this application and the City of New Bedford ordinances. TYPE OF USE: RESIDENTIAL COMMERCIAL **INDUSTRIAL** 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: 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. Receipt# | Check# Date FOR INSPECTION ONLY A 24 HOUR Other requirements:.... NOTICE IS REQUIRED AND THE CONTRACTOR/APPLICANT IS REQUIRED TO NOTIFY THE D.P.I. @ 508 979-1550 Press 4 Repair Sewer PERMIT EXPIRES 1 YEAR NO 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 namu Signature of Property Owner or Representative ernmissioner INSPECTOR'S REPORT INSPECTED BY: DATE: **COMMENTS:** DISAPPROVED APPROVED **SIGNATURE**

SKETCH PLAN

PERMIT NO.



INDUCTOR

Explos 6-12-19

CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

DATE 6-12-18

24586 This certifies that permission is granted to USH Hayray Property Owner Address To connect a sewer and/or storm drain located at. sever 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.Tel......Tel..... Mailing Address The Bonded Contractor/Drain Layer authorized to perform this work is: 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 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.Date..... Industrial User Discharge Permit No..... Check# Bank# FOR INSPECTION ONLY A 24 HOUR Other requirements:..... NOTICE IS REQUIRED AND THE CONTRACTOR/APPLICANT IS REQUIRED TO NOTIFY THE D.P.I. @ 508 979-1550 Press 4 Repair Sewer PERMIT EXPIRES 1 YEAR NO 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

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

Deputy CornMissioner

Signature of Property Owner or Representative

INSPECTOR'S REPORT

INSPECTED BY: Antonio Lembe

DATE: 6/22/2018

COMMENTS:

Apriloment of Sept. C. System

APPROVED

DISAPPROVED

Autorio Lond

Autorio Lond

Autorio Lond

Autorio Lond

Autorio Lond

Autorio Lond

SIGNATURE

SKETCH PLAN



SIGNATURE



CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT 24386 This certifies that permission is granted to Hayray. Property Owner Address To connect a sewer and/or storm drain located at MOUN to the sewer and/or storm drain in. . S. To be laid in accordance with the conditions in this application and the City of New Bedford ordinances. **INDUSTRIAL** FLOW G.P.D. TYPE OF USE: RESIDENTIAL COMMERCIAL If applicant other than actual property owner, attach Letter of Authorization from Property Owner.Tel..... Mailing Address The Bonded Contractor/Drain Layer authorized to perform this work is: Name 120 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. Date S-31-18 Bank# Date Check# FOR INSPECTION ONLY A 24 HOUR Other requirements:.. NOTICE IS REQUIRED AND THE CONTRACTOR/APPLICANT IS REQUIRED TO NOTIFY THE D.P.I. @ 508 979-1550 Press 4 Repair Sewer PERMIT EXPIRES 1 YEAR NO 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 nami Signature of Property Owner or Representative Cita Cernmissioner INSPECTOR'S REPORT INSPECTED BY: ANTOHIO 07/06 DATE: COMMENTS: APPROVED DISAPPROVED

SKETCH PLAN

No. 1805

FEE_\$60.00__ CX#1225

COMMONWEALTH OF MASSACHUSETTS

Board of Health, NEW BEDFORD , MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Cor	nstruct() Repair() Upgra	de() Abandon(x) an individual se	ewage disposal system
at 892 Maplew	ood St.	as described i	n the application for
Disposal System Construction Permi	,		
Provided: Construction shall be con			itions must be met.
Form 1255 Rev. 5/96 A.M. Sulkin Co. Boston, MA	Date 5/1/18 Board of F	Tealth Soul I Coo	ph

Work (Order	Number: 18-008573	-			-				6/21/2018
Category:	ory: Service Lateral Gravity			Рг	iority:				3:27 PM	
Problem:	Loca	ate Request			Сг	ew:				
Cause:					Sı	pervisor:	STEPHA	STEPHANIE DUPRAS		
Main Task:	Inves	vestigate / Inspect				atus:	New Wo	rk Order		
Work Order Star	t Date/	Time:			w	ork Order E	nd Date/Tin	ne:		
Location 892 MAPLEW										
		n Request T 130A LOT 543 INSPECTION F	OR RJ C	CANESSA	SCHED	FOR 6/22/1	8 @ 1:00PN	л Л		
Task Start Date/	Time:				Task E	nd Date/Ti	me:			
Task Code:		SWT220	Task Descrip		ption:	tion: Investiga		l	-	
						Time Type			_	
Employee Numi 14950	<u>ber</u>	Employee Name ANTONIO LEMOS		Req 0.00	<u>OT</u> 0.00	<u>Normal</u> 0.00	<u>Type</u> REGULAI	RTIME	<u>Units</u> Hours	
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Equipment Cod	<u>e</u>	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>		
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Work	Order	Number: 18-009001				CONTRACTOR OF THE CONTRACTOR O			7/2/2018 2:28 PM	
Category:	Force	orce Mains			P	riority:			2.28 PIVI	
Problem:	Loca	ate Request			C	rew:				
Cause:					S	Supervisor:	STEPHANIE DUPRAS			
Main Task:	Inspe	ection			S	itatus:	New Work Order			
Work Order Sta	rt Date/	Time:			v	Vork Order E	nd Date/Time:			
892 MAPLEV		ST	au							
		n Request or #24583 inspection 7/3/18 Tuesda	y RJ (CANESSA						
Task Start Date	/Time:				Task	End Date/Tir	me:			
Task Code:		SWT180		Task Description		Inspection	on			
						Time	Туре			
Employee Num 1041	<u>iber</u>	Employee Name STEPHANIE DUPRAS		Reg 0.00	<u>OT</u> 0.00	Normal 0.00	Type REGULAR TIME	<u>Units</u> Hours		
				-			<u></u>			
				-				0		
Equipment Cod	<u>le</u>	Equipment Description					<u>Units</u>			
Material Code		Material Description					<u>Units</u>			
							_			
Fluid Code		Fluid Description					<u>Units</u>			
										
							_			

