PERMIT NO.

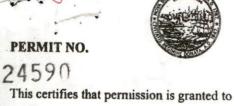


### CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

DATE 6 13 2018

24590
This certifies that permission is granted to

| This certifies that permission is granted to   |
|--|
| Property Owner Address Tel. 774-263-1292   |
| To connect a sewer and/or storm drain located at. PTESCOH St. ES, 160' N X Mynn St.  |
| Assessor's Plot 127-B.Lot. 222, to the sewer and/or storm drain in Prescott St. (8' Service)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 FLOWG.P.D.  |
| If applicant other than actual property owner, attach Letter of Authorization from Property Owner.   |
| NameTel  |
| The Bonded Contractor/Drain Layer authorized to perform this work is:  |
| Name Address Tel.  Type of Pipe Required: SDR 3  |
| PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE  |
| <ul> <li>Requires separate connections for sewage and storm drain where applicable. Storm water cannot be discharged to a sanitary sewer.</li> <li>All work must be inspected and approved by a D.P.I. inspector before backfilling.</li> <li>If this connection is to be part of a private service shared jointly with other building owners, attach copy of Recorded Joint Maintenance Agreement.</li> <li>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.</li> <li>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.</li> <li>Industrial User Discharge Permit No.</li> <li>Date</li> </ul>  |
| A Filing and Inspection Fee of \$  |
| 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: SEE ISPECT, SHEET DATE: COMMENTS:  |
| APPROVED DISAPPR()   |
| SIGNATURE  |
| 493 % Interval and the state of |



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

DATE 6 13 2018

| Jonge Verissimo I Cookie Wo<br>Property Owner Address  | Tel. 774-263-1292  |
|--|--|
| To connect a sewer and/or storm drain located at PTESCOH S   |  |
| Assessor's Plot 127. B.Lot. 232., to the sewer and/or storm drain  | in Prescott St. (8" service) Street  |
| To be laid in accordance with the conditions in this application and the TYPE OF USE; RESIDENTIAL COMMERCIAL   | City of New Bedford ordinances. INDUSTRIAL FLOWG.P.D.  |
| f applicant other than actual property owner, attach Letter of Authoriza   |  |
| Name Mailing Address   |  |
| The Bonded Contractor/Drain Layer authorized to perform this   | s work is:   |
| Name Address Type of Pipe Required: SDR 35   | Tel.   |
| Type of Pipe Required: S.D.R. 3.5  |  |
| PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE  |  |
| Requires separate connections for sewage and storm drain when  | ere applicable. Storm water cannot be discharged to a  |
| sanitary sewer.  |  |
| <ul> <li>All work must be inspected and approved by a D.P.I. inspector</li> </ul>  | before backfilling.  |
| <ul> <li>If this connection is to be part of a private service shared joint!</li> </ul>  | y with other building owners, attach copy of Recorded  |
| Joint Maintenance Agreement.   |  |
| <ul> <li>Permits can be issued to Industrial and/or Commercial Applica</li> </ul>  |  |
| Public Infrastructure of required plans and supplemental inform  | nation.  |
| <ul> <li>In addition, a City-issued Industrial User Discharge Permit and</li> </ul>  | l/or a Sewer Extension/Connection Permit issued by the   |
| Commonwealth of Massachusetts D.E.P. shall be required by t  | he 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 \$ 500, Plus an Entrance Fee of \$.   | where applicable, must accompany this application.   |
| Bank# Citizens Bank Check# 574   | Date 6/13/18 Receipt# 1718253  |
| Other requirements: FOR INSPECTION ONLY A 24 HO  | OUR  |
| NOTICE IS REQUIRED AND TH  | E  |
| CONTRACTOR/APPLICANT IS  REQUIRED TO NOTIFY THE D.P  | 1  |
| (Sewer @ 508 979-1550 Press 4 Repair   |  |
| Connection made to PERMIT EXPIRES I YEAR   | S ( NO )   |
| Storm Drain.   |  |
| Applicant agrees to abide by the above terms, as well as all per<br>other special rules as the Commissioner of Public Infrastructur  | tinent ordinances of the City of New Bedford, and such<br>re and/or City Engineer may deem necessary |
| State ( )  | sard humon   |
| The state of the s | Signature of Property Owner or Representative  |
| Engineering Superisor  | Signature of Property Owner of Representative  |
| Engineering Superior Inspector's   | DEDORT   |
| INSPECTORS   | REFORT   |
| INSPECTED BY:  |  |
| DATE:  |  |
| COMMENTS:  | 1  |
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| APPROVED DISAPPROVED   |  |
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| SIGNATURE  |  |
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SKETCH PLAN

MISCELLANEOUS PAYMENT 'RECPT#: 1718253 City of New Bedford 133 William St. New Bedford MA 02740

DATE: 06/13/18 TIME: 08:13 CLERK: a450mmb DEPT: CUSTOMER#: 0

COMMENT:

CHG: DPISEW DPI SEWER PERMI 450.00

REVENUE:
1 63906000 422185 450.00
Sewer Permit Fee

CASH: 7005 101009 450.00 Cash Treasurer Dep W

AMOUNT PAID: 450.00

PAID BY: TERCEIRA CONSTRUCTIO

PAID BY: TERCETRA CONSTRUCTION
PAYMENT METH: CHECK
MR574
REFERENCE:

AMT TENDERED: 450.00
AMT APPLIED: 450.00
CHANGE: .00

PONTO THE CITY OF NEW GED FORD 1 450 FX WESEBEOTIE: SELTOLOR **XX**Citizens Bank∘

PERMIT NO.

# DATE 6 13 2018

24590

CITY OF NEW BEDFORD SEWER AND/OR STORM DRAIN PERMIT

| This certifies that permission is granted to   | * .  |
|--|--|
| Torge Verissimo I Cookie W Property Owner Address  | Tel. 774-265-1212  |
| To connect a sewer and/or storm drain located at Prescott  | St. ES, 160' N x Lynn St.  |
| Assessor's Plot 127: B.Lot. 222, to the sewer and/or storm dra   | ain in Prescott St. (8" service) Street  |
| To be laid in accordance with the conditions in this application and the TYPE OF USE; RESIDENTIAL COMMERCIAL   | he City of New Bedford ordinances.  INDUSTRIAL FLOWG.P.D.  |
| If applicant other than actual property owner, attach Letter of Author Name  | Tel  |
| KJ Cornessa  | Tel.   |
| PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE  |  |
| Public Infrastructure of required plans and supplemental information.  In addition, a City-issued Industrial User Discharge Permit Commonwealth of Massachusetts D.E.P. shall be required by Industrial User Discharge Permit No.  Comm. Mass. Sewer Conn./Ext. Permit No.  A Filing and Inspection Fee of State of Permit No.  Other requirements:  FOR INSPECTION ONLY A 24-  NOTICE IS REQUIRED AND CONTRACTOR/APPLICANT  REQUIRED TO NOTIFY THE  Sewer  © 508 979-1550 Press 4 Repair PERMIT EXPIRES 1 YEAR  Storm Drain.  | ctor before backfilling. intly with other building owners, attach copy of Recorded licants only upon receipt and approval by the Commissioner of formation. and/or a Sewer Extension/Connection Permit issued by the by the City for Industrial Discharge into the sewer system.  Date  \$\int_{\text{Date}} \text{Date}\$  Date  \$\int_{\text{Parameters}} \text{Receipt#_1718.253}\$  4 HOUR  THE IS D.P.I.  S NO |
| Applicant agrees to abide by the above terms, as well as all pother special rules as the Commissioner of Public Infrastructure City Engineer  Engineer Superisor   | Signature of Property Owner or Representative  |
| INSPECTOR  | R'S REPORT   |
| INSPECTED BY: ANTONIO LEMOS DATE: 8 29 2018 COMMENTS: AEN SERVICE  APPROVED DISAPPROVED  Antonio Long  SIGNATURE   |  |
| The second of th |  |

SKETCH PLAN

| / Work               | Order                 | Number: 18-011440              |          |                   | -          |                         |                | <u> </u>     |                | 8/28/2018<br>3;30 PM |
|----------------------|-----------------------|--------------------------------|----------|-------------------|------------|-------------------------|----------------|--------------|----------------|----------------------|
| Category:            | Serv                  | Service Lateral Gravity        |          |                   |            | ority:                  |                |              |                |                      |
| Problem:             | Loca                  | ite Request                    |          |                   | Cr         | ew:                     |                |              |                |                      |
| Cause:               |                       |                                |          |                   | Su         | pervisor:               | STEPHAN        | IIE DUPRAS   |                | _                    |
| Main Task:           | Investigate / Inspect |                                |          |                   | Sta        | itus:                   | New Work       | Order        |                |                      |
| Work Order St        | tart Date             | /Time:                         |          |                   | Wo         | rk Order E              | nd Date/Time   | ):<br>       |                |                      |
| Locati<br>PRESCOT    | TST                   |                                |          |                   |            |                         |                | <del></del>  | =              |                      |
|                      |                       | m Request                      | lot 222, | inspection        | n sched fo | r 8/29/18 @             | 21:00 rj canes | ssa          | -              |                      |
| Task Start Dat       | e/Time:               |                                |          |                   | Task E     | nd Date/Ti              | me:            |              |                |                      |
| Task Code:           |                       | SWT220                         | Tas      | Task Description: |            | : Investigate / Inspect |                |              |                |                      |
|                      |                       |                                |          | -                 |            | Time                    | Туре           |              |                |                      |
| Employee Nu<br>14950 | <u>mber</u>           | Employee Name<br>ANTONIO LEMOS |          | Req<br>0.00       |            | <u>Normal</u><br>0.00   | Туре           | •            |                |                      |
|                      |                       |                                |          |                   |            |                         |                |              | _ <del>,</del> | _                    |
|                      |                       |                                |          |                   |            |                         | · -            |              | <del>-</del>   | _                    |
|                      |                       |                                |          |                   | <b>-</b>   |                         |                |              | <del></del>    | -                    |
|                      |                       |                                |          |                   |            |                         |                |              | _              | -                    |
| Equipment Co         | <u>ode</u>            | Equipment Description          |          |                   |            |                         |                | <u>Units</u> |                |                      |
|                      |                       |                                |          |                   |            |                         |                |              |                |                      |
|                      |                       |                                |          |                   |            |                         |                |              |                |                      |
|                      |                       |                                |          |                   |            |                         |                |              |                |                      |
| <u></u>              | <u>.</u>              |                                |          |                   |            |                         |                |              |                |                      |
| Material Code        | 2                     | Material Description           |          |                   |            |                         |                | <u>Units</u> |                |                      |
|                      |                       |                                |          |                   |            |                         |                |              |                |                      |
|                      | -                     |                                |          |                   |            |                         |                |              |                |                      |
|                      |                       | _                              |          | _                 |            |                         |                |              |                |                      |
| Fluid Code           |                       | Fluid Description              |          |                   | ~          |                         |                | <u>Units</u> |                |                      |
| Tidia Code           |                       | Tida Description               |          |                   |            |                         |                | Onits        |                |                      |
| •                    |                       | _                              |          |                   |            |                         |                |              |                |                      |
| •                    |                       |                                |          |                   |            |                         |                |              | <del></del>    |                      |
|                      |                       | _                              |          |                   |            | -                       |                |              |                |                      |
|                      |                       | <del></del>                    |          |                   |            |                         | <del></del>    | -            |                |                      |

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| Work Order               | Number: 18-011377                            |                   |            |                |                      |                       | 8/27/2018<br>2:37 PM |
|--------------------------|--|-------------------|------------|----------------|----------------------|-----------------------|----------------------|
| Category: Serv           | Service Lateral Gravity                      |                   |            | ority:         |                      |                       | 200882 22 DA         |
| Problem: Loca            | Locate Request  Investigate / Inspect        |                   |            |                |                      |                       |                      |
| Cause:                   |  |                   |            |                | STEPHANIE DUPRAS     |                       |                      |
| Main Task: Inves         |  |                   |            |                | New Work Order       | New Work Order        |                      |
| Work Order Start Date    | Time:  |                   | Wo         | rk Order E     | nd Date/Time:        |                       |                      |
| Location (s) -           |  |                   |            |                |                      |                       |                      |
| PRESCOTT ST ES, 16       | n Request<br>60' N x LYNN ST PLOT 127B LOT 2 | 222 , PERMIT # 24 | 4590 SC    | HED FOR        | 8/28/18 1:00PM       |                       |                      |
| Task Start Date/Time:    |  |                   | Task E     | nd Date/Tii    | me:                  |                       |                      |
| Task Code:               | SWT220 Task Descript                         |                   |            | Investig       | ate / Inspect        |                       |                      |
|                          |  |                   |            | Time           | Туре                 | _                     |                      |
| Employee Number<br>14950 | Employee Name<br>ANTONIO LEMOS               | Reg<br>0.00       | OT<br>0.00 | Normal<br>0.00 | Type<br>REGULAR TIME | <u>Units</u><br>Hours |                      |
|                          | 3  |                   |            |                |                      |                       | 2                    |
|                          |  |                   |            |                |                      | _                     |                      |
|                          | 8  |                   |            |                |                      |                       |                      |
| Equipment Code           | Equipment Description                        |                   | -          | -              | Units                |                       |                      |
|                          |  |                   |            |                |                      |                       |                      |
|                          |  |                   |            |                |                      |                       |                      |
|                          |  |                   |            |                |                      |                       |                      |
|                          | _  |                   |            |                |                      |                       |                      |
| Material Code            | Material Description                         |                   |            |                | <u>Units</u>         |                       |                      |
|                          |  |                   |            |                |                      |                       |                      |
|                          | _  |                   |            |                | _                    |                       |                      |
|                          | _  |                   |            |                |                      |                       |                      |
| Fluid Code               | Fluid Description                            |                   |            |                | <u>Units</u>         | _                     |                      |
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8/28/2018
António Inch

DATE 6 13 2018

06108-8-

PERMIT NO.

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

24590 This certifies that permission is granted to

| Jonge Verissimo I Cookie ( Property Owner Address   | 161. 174-205-1272   |
|---|---|
| To connect a sewer and/or storm drain located at. Prescot   | 15/ ES 160' N x Lynn St.  |
| Assessor's Plot 127: B.Lot. 232., to the sewer and/or storm of  | frain in Prescott St. (8" service) Street   |
| To be laid in accordance with the conditions in this application and TYPE OF USE: RESIDENTIAL COMMERCIAL              |   |
| If applicant other than actual property owner, attach Letter of Author  | orization from Property Owner.  |
| Name Mailing Address  | Tel   |
| The Bonded Contractor/Drain Layer authorized to perform   | n this work is:   |
| Name Address Type of Pipe Required: 50 R 3:5  | 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. insp   | ector before backfilling.   |
| <ul> <li>If this connection is to be part of a private service shared</li> </ul>                                      | jointly with other building owners, attach copy of Recorded   |
| Joint Maintenance Agreement.  e Permits can be issued to Industrial and/or Commercial Ap                              | plicants only upon receipt and approval by the Commissioner of  |
| Public Infrastructure of required plans and supplemental i  | nformation. it and/or a Sewer Extension/Connection Permit issued by the                                     |
| <ul> <li>Commonwealth of Massachusetts D.E.P. shall be required</li> </ul>  | by the City for Industrial Discharge into the sewer system.   |
| Industrial User Discharge Permit No   | Date  |
| Comm. Mass. Sewer Conn/Ext. Permit No   | Date  |
|   | of \$ where applicable, must accompany this application.  |
| Bank# Citizens Bank Check# 574-   | Date 6/13/18 Receipt# 1718253   |
| Other requirements: FOR INSPECTION ONLY A   | 24 HOUR   |
| NOTICE IS REQUIRED AN CONTRACTOR/APPLICAN   | T IS  |
| REQUIRED TO NOTIFY THE Sewer @ 508 979-1550 Press 4 Repa  | ir  |
| Connection made to PERMIT EXPIRES 1 YEAR Storm Drain.   | s NO  |
|   | utirent and pages of the City of New Redford, and such  |
| Applicant agrees to abide by the above terms, as well as a other special rules as the Commissioner of Public Infrastr | ll pertinent ordinances of the City of New Bedford, and such ucture and/or City Engineer may deem necessary |
| Starting ( )  | serol Minon   |
| City Engineer   | Signature of Property Owner or Representative   |
| Engineering Superasor   | DR'S REPORT   |
| INSPECTO  | JR S REI ORI  |
| INSPECTED BY:   |   |
| DATE:COMMENTS:  |   |
|   |   |
|   |   |
| APPROVED DISAPPROVED  |   |
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| CITCUM A GRATERED   | · •   |
| SIGNATURE   |   |
| ·   |   |

SKETCH PLAN

| Work Ord                 | der Nun    | nber: 18-008412                |        |                  |                   |                |                             |                       | 6/18/2018<br>1:36 PM |
|--------------------------|------------|--------------------------------|--------|------------------|-------------------|----------------|-----------------------------|-----------------------|----------------------|
| Category:                | Gravity Ma | ains                           |        |                  | P                 | riority:       | 8                           |                       |                      |
| Problem:                 | _ocate Re  | quest                          |        |                  | c                 | rew:           | Page and a second second    |                       |                      |
| Cause:                   |            |                                |        |                  | S                 | upervisor:     | STEPHANIE DUPRAS            |                       |                      |
| Main Task:               | nspection  |                                |        |                  | S                 | tatus:         | New Work Order              |                       |                      |
| Work Order Start D       | Date/Time: |                                |        |                  | w                 | ork Order E    | nd Date/Time:               |                       |                      |
| PRESCOTT ST              |            |                                |        |                  |                   |                |                             |                       |                      |
| Comments                 | from Rec   |                                |        |                  |                   |                |                             |                       |                      |
| PLOT 127B/ PLOT          | 7 222 RO   | OF DRAIN INSPECTION SCH        | HED FO | R FOR 6          | 5/26/18 @         | 9:00AM FC      | OR CANESSA                  |                       |                      |
| Task Start Date/Tin      | ne:        |                                |        |                  | Task              | End Date/Tir   | ne:                         |                       |                      |
| Task Code:               | S          | SWT180                         |        | Task Description |                   | Inspection     | on                          |                       |                      |
|                          |            |                                |        |                  |                   | Time Type      |                             | _                     |                      |
| Employee Number<br>14950 |            | Employee Name<br>ANTONIO LEMOS |        | Reg<br>0.00      | <u>OT</u><br>0.00 | Normal<br>0.00 | <u>Type</u><br>REGULAR TIME | <u>Units</u><br>Hours |                      |
|                          |            |                                |        |                  |                   |                |                             |                       | <u> </u>             |
|                          |            |                                |        |                  |                   |                |                             |                       | -                    |
| Equipment Code           |            | Equipment Description          |        |                  |                   |                | Units                       | _                     |                      |
|                          |            |                                |        |                  |                   |                |                             |                       |                      |
| ·                        |            | 8                              |        |                  |                   |                | _                           |                       |                      |
|                          |            | 13 <del></del>                 |        |                  |                   |                | _                           |                       |                      |
| Material Code            | 0          | Material Description           |        |                  |                   |                | <u>Units</u>                |                       |                      |
|                          |            |                                |        |                  |                   |                |                             | _                     |                      |
|                          |            |                                |        |                  |                   |                |                             |                       |                      |
| Fluid Code               |            | Fluid Description              |        |                  |                   |                | <u>Units</u>                |                       |                      |
|                          |            |                                |        |                  |                   |                | _                           |                       |                      |
|                          |            |                                |        |                  |                   |                |                             |                       |                      |
| lu So:                   | oK         | Lost Josina                    | ie     |                  |                   |                |                             |                       |                      |
| · ·                      |            | tónio Long                     | 0 .    |                  |                   |                |                             |                       |                      |
|                          | H          |                                |        |                  |                   |                |                             |                       |                      |
|                          |            | 6/28/2018                      |        |                  |                   |                |                             |                       |                      |

Page: 1