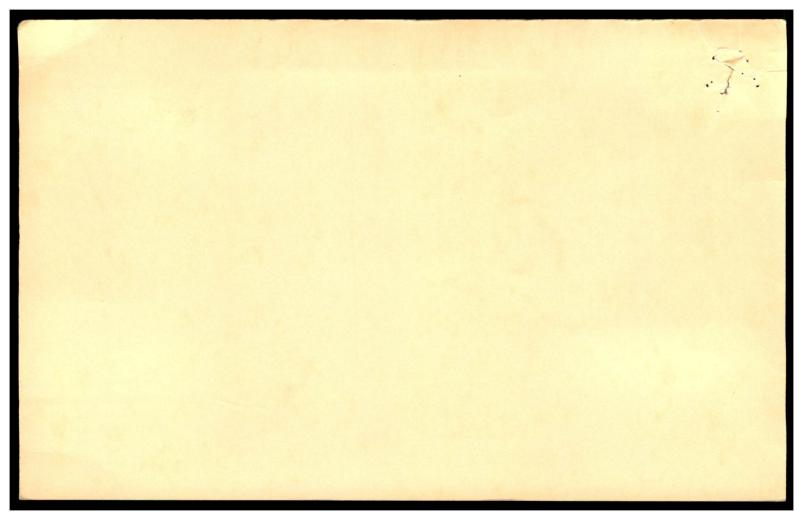
SERVICE Nº 32627

NEW BEDFORD WATER WORKS

APPLICATION FOR SERVICE AND METER

*	NEW BEDFORD 3/9/62
I HEREBY ACKNOWLEDGE the receipt of	of a copy of the Regulations prescribed in the Ordinance of the
	t that the water may be furnished through a
inch	meter at service tank
Shumet	meter at septic tank meter at septic tank
at such rates as may from time to time	he established by the City
	for the Service pipe laid down for my premises, and to pay
	m to the said Regulations and to all provisions of the Water
	by me or my agent to cut off the supply.
Plot 124 -0034	X NORMAN ANDERSON
1201 127 -031	75 FISHER RD. WESTPORT, MA 027GD
Sub. lit's LIELEPHONE	508 636 3850
Samina laid	Size and kind of pipe / "Copper" St.
Service laid	Size and kind of pipe / Coppe
From Mewmell Cha	St.
Turned on	Meter Set Seption
Reading	Location Cellar
Building rates	
	Paid



No. 01-2

COPY FORM 1 - APPLICATION FOR DSCP

Board of Health, NEW BEDFORD, MA

RECEIVED

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

SEP 1 0 2001

Location SHAWMUT AUE	Owner's Name JAMESE, BUTLER, JR
Map/Parcel # FORTION OF MAPIZY/LITY 348	Address
LOT# SUBDIVISION LOTS plots	74 Telephone #
Installer's Name	Designer's Name SITEC, INC.
Address	Address Name SITEC, INC Address NEW BEDFUELD, MA 62745
Telephone #	Telephone # 508 - 198 - 2125
ype of Building: RESIDENTIAL welling - No. of Bedrooms	Lot Size / sq. ft. Garbage grinder () No. of persons Showers (), Cafeteria () gn flow / 490 gpd Design flow provided / 17 dpd IVII block sqc sqstem Discose Cores St Date of Evaluation
The undersigned agrees to install the above described individuand further agrees not to place the system in operation until a	The The Box (Z) TRENCHES 50'LON(XZ'LUIDE X Z'DEE) The Sewage Disposal System in accordance with the provisions of TITLE 5 a Certificate of Compliance has been issued by the Board of Health. Date 9/18/6/
The undersigned agrees to install the above described Individuand further agrees not to place the system in operation until a	ual Sewage Disposal System in accordance with the provisions of TITLE 5 a Certificate of Compliance has been issued by the Board of Health.
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The undersigned agrees to install the above described Individuant further agrees not to place the system in operation until a Signed William Quality (1997) Approved FORM 5/96	ual Sewage Disposal System in accordance with the provisions of TITLE 5 a Certificate of Compliance has been issued by the Board of Health.
The undersigned agrees to install the above described Individuand further agrees not to place the system in operation until a signed with the system in operation until a signed by the system in oper	FORM 3 - CERTIFICATE OF COMPLIANCE Fee H OF MASSACHUSETTS
DEP APPROVED FORM 5/96 COMMONWEALTI Board of Healt CERTIFICAT	FORM 3 - CERTIFICATE OF COMPLIANCE H OF MASSACHUSETTS th, Complete System FORM 1 - COMPLIANCE Fee
DEP APPROVED FORM 5/96 COMMONWEALTI Board of Healt CERTIFICAT	FORM 3 - CERTIFICATE OF COMPLIANCE H OF MASSACHUSETTS th, Complete System FORM 1 - CERTIFICATE FORM 3 - CERTIFICATE Formulate System FORM 3 - CERTIFICATE Formulate System
Description of Work: The undersigned agrees to install the above described Individual and further agrees not to place the system in operation until a signed with the system in operation until a sig	FORM 3 - CERTIFICATE OF COMPLIANCE Fee H OF MASSACHUSETTS th, , MA E OF COMPLIANCE Complete System (Stem; Constructed (), Repaired (), Upgraded (), Abandoned ()
The undersigned agrees to install the above described Individual and further agrees not to place the system in operation until a signed with the system in	FORM 3 - CERTIFICATE OF COMPLIANCE Fee H OF MASSACHUSETTS th, , MA E OF COMPLIANCE Complete System (Stem; Constructed (), Repaired (), Upgraded (), Abandone ()
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The undersigned agrees to install the above described Individual and further agrees not to place the system in operation until a signed. DEP APPROVED FORM 5/96 No COMMONWEALTI Board of Health CERTIFICAT Description of Work:	FORM 3 - CERTIFICATE OF COMPLIANCE FORM SACHUSETTS th, , MA E OF COMPLIANCE Complete System (stem; Constructed (), Repaired (), Upgraded (), Abandoned () CMR 15.00 (Title 5) and the approved design plans/as-built plans relating Approved Design Flow (gpd)

The issuance of this permit shall not be construed as a guarantee that the system will function as designed.

Form 2 - DSCP

COMMONWEALTH OF MASSACHUSETTS

Board of Health, NEW BEPFORD, MA

DISPOSAL SYSTEM CONSTRUCTION PERMIT

ermission is hereby granted to: Co	construct (/) Renair () Ungrade () Abandon () an individual sewage disposal system at
SHAWMUT AVE por	construct (') Repair () Upgrade () Abandon () an individual sewage disposal system at 124 Sect 5 1615 34 \$ 48 as described in the application for Disposal
stem Construction Permit No. <u>61</u>	1-2, dated 9-18-01 for JAMES BUTLER Ir.
ovided: Construction shall be comp	pleted within three years of the date of this permit. All local conditions must be met.
DEP APPROVED FORM 5	Date 9-21-01 Board of Health Wm Blackhun
DEP	
Address	Telephono
Telephone #	Lot Size sq. ft.
ype of Building: RESIDEA	Carbade Office (/ Cafathia ()
ype of Building:	No. of persons
Owelling - No. of Bediever Other - Type of Building	de la
Other Fixtures	design flow 970 gpd Design flow
Design Flow (min. required)	O gpd Calculated design no part of the sheets A sewale DISFOSAC SYSTEM
Design Flow Number of	Name of Soil Evaluator DATO C-10165A Date of Evaluation Property Description Date of Evaluation DATO C-10165A DATE OF EVALUATIONS 1570 (ALT TIME, D. BOX (Z) TRENCHES 50'L CN(XZ' W) DEX Z' DEEL
Title	CLAN State Sympton
(Coil(e)	SEE DANG COURS !! Date of Evaluation
Description of Soli(s)	Name of Soil Evaluator DATO C-1018S/F Date of Evaluator DATE of Evaluator DATO C-1018S/F DATE of Evaluator DATE of Evaluator DATO C-1018S/F DATO C-1018S/
Soil Evaluator Form	SOLONEX CONCERCIONE
DEGG.	sordance with the provisions of TITLE 5
The undersigned agrees to install and further agrees not to place	If the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 the above described Individual Sewage Disposal System in accordance with the Board of Health. Date 4/18/0)
Signed Wilman Ch	veleza.
Signed Minus Co	veleza.
Signed Minus a	veleza.
Signed Winner Co	veleza. Date
Signed Winner Co	FORM 3 - CERTIFICATE OF COMPLIANCE Fee
Signed Winner Co	FORM 3 - CERTIFICATE OF COMPLIANCE Fee
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Signed Winner Conspections DEP APPROVED F	FORM 3 - CERTIFICATE OF COMPLIANCE Fee COMMONWEALTH OF MASSACHUSETTS Board of Health, CERTIFICATE OF COMPLIANCE
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Signed Winner Conspections DEP APPROVED F	FORM 3 - CERTIFICATE OF COMPLIANCE Fee COMMONWEALTH OF MASSACHUSETTS Board of Health, CERTIFICATE OF COMPLIANCE
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Signed Winner age of the second secon	FORM 3 - CERTIFICATE OF COMPLIANCE Fee COMMONWEALTH OF MASSACHUSETTS Board of Health, CERTIFICATE OF COMPLIANCE Complete System Complete S
Signed Winner age of the second secon	FORM 3 - CERTIFICATE OF COMPLIANCE Fee COMMONWEALTH OF MASSACHUSETTS Board of Health, CERTIFICATE OF COMPLIANCE Complete System Complete S
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