

SERVICE *N<sup>o</sup> 32627*NEW BEDFORD WATER WORKS  
APPLICATION FOR SERVICE AND METER

NEW BEDFORD

*3/7/02*

I HEREBY ACKNOWLEDGE the receipt of a copy of the Regulations prescribed in the Ordinance of the City, for the use of Water, and I request that the water may be furnished through a

*1* inch meter at *septic tank*

*Shawmut Ave.* *one family*  
at such rates as may from time to time be established by the City.

I hereby agree to pay promptly the bill for the Service pipe laid down for my premises, and to pay all dues for water, and I agree to conform to the said Regulations and to all provisions of the Water Ordinances, until written notice is given by me or my agent to cut off the supply.

*Plot 124 - 0034**X NORMAN ANDERSON**75 FISHER RD. WESTPORT, MA 02790**Sub. lot 5**X TELEPHONE 508 636 3850*

Service laid \_\_\_\_\_ Size and kind of pipe *1" Copper*

From *Shawmut Ave* \_\_\_\_\_ St.

Turned on \_\_\_\_\_ Meter Set *septic*

Reading \_\_\_\_\_ Location *cellar*

Building rates \_\_\_\_\_ Paid \_\_\_\_\_

Cost of Service \_\_\_\_\_ Paid \_\_\_\_\_





No. 01-2**COPY** FORM 1 - APPLICATION FOR DSCPFee 110.00**COMMONWEALTH OF MASSACHUSETTS**

Board of Health, NEW BEDFORD, MA

**APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT**

SEP 10 2001

N.B.H.D.

Application for a Permit to Construct ☒ Repair ( ) Upgrade ( ) Abandon ( ) - ☐ Complete System ☐ Individual Components

NORMAN ANDERSON

Location <u>SHAWMUT AVE</u>	Owner's Name <u>JAMES E. BUTLER, JR</u>
Map/Parcel # <u>PORTION OF MAP 124/LOTS 34 &amp; 35</u>	Address
Lot # <u>SUBDIVISION LOT 5 plot 124</u>	Telephone #
Installer's Name <u>0034</u>	Designer's Name <u>SITEC, INC</u>
Address	Address <u>12 WELBY ROAD</u>
Telephone #	Telephone # <u>NEW BEDFORD, MA 02745</u>
	<u>508-998-2125</u>

Type of Building: RESIDENTIALLot Size 15,544 sq. ft.Dwelling - No. of Bedrooms 4

Garbage grinder ( )

Other - Type of Building

No. of persons

Showers ( )

Cafeteria ( )

Other Fixtures

Design Flow (min. required) 110 gpdCalculated design flow 440 gpdDesign flow provided 440 gpdPlan: Date 8-7-01Number of sheets 1

Revision Date

Title

SUBSURFACE SEWAGE DISPOSAL SYSTEM

Description of Soil(s)

SEE PLAN

Soil Evaluator Form No.

Name of Soil Evaluator DAN G. ANDERSONDate of Evaluation 9-18-01DESCRIPTION OF REPAIRS OR ALTERATIONS 150 GAL TANK, 10 BOX, (2) TRENCHES -50' LONG X 2' WIDE X 2' DEEP

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed

Norman Anderson

Date

9/18/01

Inspections



DEP APPROVED FORM 5/96

**FORM 3 - CERTIFICATE OF COMPLIANCE**

No. \_\_\_\_\_

Fee \_\_\_\_\_

**COMMONWEALTH OF MASSACHUSETTS**

Board of Health, \_\_\_\_\_, MA

**CERTIFICATE OF COMPLIANCE**

Description of Work:

☐ Individual Component(s)☐ Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )

by: \_\_\_\_\_

at \_\_\_\_\_

has been installed in accordance with the provisions of 310 CMR 15.00 ( Title 5 ) and the approved design plans/as-built plans relating to application NO. \_\_\_\_\_ dated \_\_\_\_\_ Approved Design Flow \_\_\_\_\_ ( gpd )

Installer \_\_\_\_\_

Designer: \_\_\_\_\_

Inspector \_\_\_\_\_

Date \_\_\_\_\_

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



DEP APPROVED FORM 5/96

**VOID**



No. 01-2Form 2 - DSCP  
Fee 110.00

**COMMONWEALTH OF MASSACHUSETTS**  
Board of Health, NEW BEDFORD, MA  
**DISPOSAL SYSTEM CONSTRUCTION PERMIT**

Permission is hereby granted to; Construct ( ☒ ) Repair ( ) Upgrade ( ) Abandon ( ) an individual sewage disposal system at  
SHANNUT AVE portion of 124 sect 5 lots 34 & 48 as described in the application for Disposal

System Construction Permit No. 01-2, dated 9-18-01 for JAMES BUTLER Jr.

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.



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Date 9-21-01 Board of Health Wm Blawie

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Telephone # \_\_\_\_\_

Lot Size 15,544 sq. ft.

Garbage grinder ( )

No. of persons \_\_\_\_\_

Showers ( )

Cafeteria ( )

Type of Building: RESIDENTIALDwelling - No. of Bedrooms 4

Other - Type of Building \_\_\_\_\_

Other Fixtures \_\_\_\_\_

Design Flow (min. required) 110 gpdCalculated design flow 440 gpdDesign flow provided 440 gpdPlan: Date 8-7-01Number of sheets 1

Revision Date \_\_\_\_\_

Title \_\_\_\_\_

SUBSURFACE SEWAGE DISPOSAL SYSTEM

Description of Soil(s) \_\_\_\_\_

Name of Soil Evaluator DAN C. WIGSADate of Evaluation 7-18-01

Soil Evaluator Form No. \_\_\_\_\_

DESCRIPTION OF REPAIRS OR ALTERATIONS SEE PLAN  
15' LOCAL TANK, D.B.O., (2) TRENCHES -  
50' LONG X 2' WIDE X 2' DEEP

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5  
and further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed \_\_\_\_\_

Date 9/18/01

Inspections \_\_\_\_\_



DEP APPROVED FORM 5/96

**FORM 3 - CERTIFICATE OF COMPLIANCE**  
Fee \_\_\_\_\_

No. \_\_\_\_\_

**COMMONWEALTH OF MASSACHUSETTS**  
Board of Health, MA  
**CERTIFICATE OF COMPLIANCE**

Description of Work: \_\_\_\_\_

☐ Individual Component(s)☐ Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )

by: \_\_\_\_\_

at \_\_\_\_\_

has been installed in accordance with the provisions of 310 CMR 15.00 ( Title 5 ) and the approved design plans/as-built plans relating  
to application NO. \_\_\_\_\_ dated \_\_\_\_\_ Approved Design Flow \_\_\_\_\_ ( gpd )

Installer \_\_\_\_\_

Date \_\_\_\_\_

Designer: \_\_\_\_\_

Inspector \_\_\_\_\_

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



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Form 2 - DSCP  
Fee 110.00

**VOID**