

SERVICE 33187

NEW BEDFORD WATER WORKS  
APPLICATION FOR SERVICE AND METER

NEW BEDFORD 10-31-05

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 CITY meter at ONE FAMILY HOME  
59 AVERY ST 130' EAST OF CHURCH ST

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.

SEWER PERMIT # 23705  
P.1303/L-738

PAUL MEDEIROS  
218 CORNELL ST

TELEPHONE (508) 994-3637

Service laid 3-7-06 Size and kind of pipe 1 COPPER

From AVERY ST St.

Turned on \_\_\_\_\_ Meter Set \_\_\_\_\_

Reading \_\_\_\_\_ Location INSIDE CELLAR WALL

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

Cost of Service \$75.00 Paid \_\_\_\_\_

31-727

Avery St., 130' E x Church St.

Ser. # 33187

Measures of 1" Curb Stop

W x hydrant	40.0 ft.
S x N line Avery St.	2.0 ft.
W x E line garage	31.0 ft.
E x W line house	21.0 ft.
S x S line house	42.0 ft.

Service enters E x W line house 3.5 ft.

Work done: March 7, 2006

Inspection	\$ 30.00
2 - 1" Meter cplgs. @ \$7.50 each	\$ 15.00
Turn on charge	<u>\$ 30.00</u>
	\$ 75.00

Paul Medeiros

*Plumber*  
6-9-06 Scott Tripp picked up 2 - 1" meter cplgs.



Department of Public Infrastructure

Ronald H. Labelle  
Commissioner

**FIRE HYDRANT RECORDS FORM**

<b>HYDRANT NUMBER</b>					
STREET NUMBER		STREET NAME		CROSS STREET	
OUTLET DIAMETER:		DISCHARGE COEFF:		CALCULATE FLOWS AT PSI:	
POSITION MARKER:		HYDRANT COLOR:			
SHUT OFF LOCATION		SHUT OFF SIZE:			
NEXT INSPECTION DATE:		NEXT TEST DATE:			
INSPECTION CYCLE:		TEST CYCLE:			
<input type="checkbox"/> pump effect flow <input type="checkbox"/> private hydrant <input type="checkbox"/> salt water <input type="checkbox"/> out of commission					

**SPECIFIC HYDRANT INFORMATION**

MAKE:		# OF TURNS:		RIGHT		LEFT			
MODEL:									
COLOR:									
YEAR:								STEAMER SIZE:	
BARREL SIZE:								LENGTH:	

**FLOW TEST RECORD**

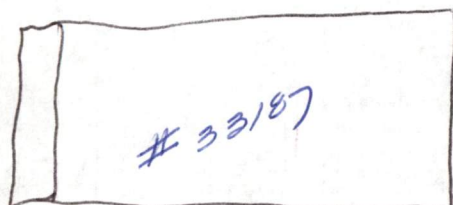
DATE:		TESTERS NAME:	
TIME:		WITNESS:	
MINUTES		PURPOSE OF TEST:	
Static pressure:		PSI	
Residual pressure		PSI	
Pitot Pressure:		PSI	
Gauge Used:			

**INSPECTION RECORD**

Date:		Inspectors Name:	
Time:		Problem	
Minutes		Problem Corrected	
<input type="checkbox"/> INSPECTED <input type="checkbox"/> PAINTED <input type="checkbox"/> FLUSHED <input type="checkbox"/> SERVICED <input type="checkbox"/> REPAIRED			

Notes:	

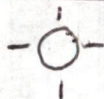




↑  
36  
K13 → ○

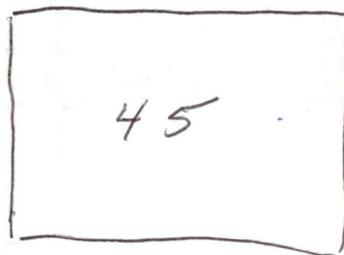
52

0 ← 8' →



TAP  
1"

END



\* 32992

N  
↑

AVEAY ST

3-7-06  
J. MONT