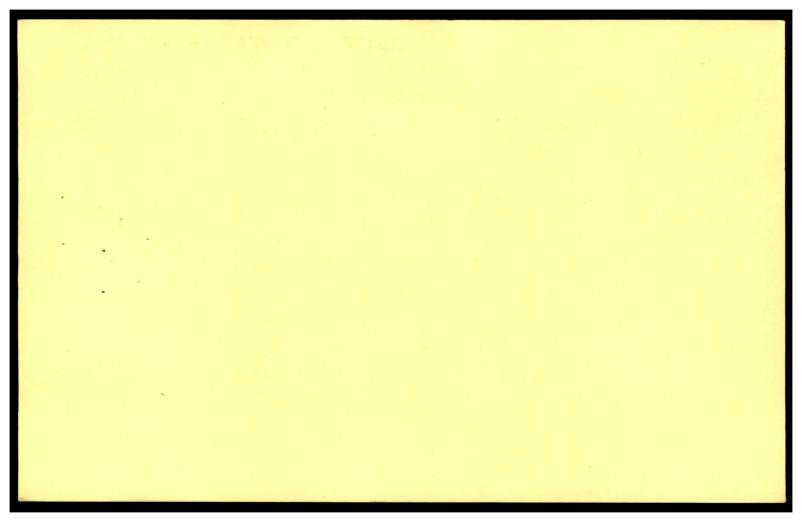
# SERVICE 33278

### NEW BEDFORD WATER WORKS

#### APPLICATION FOR SERVICE AND METER

	NEW BEDFORD 8-4-2006	
THEREPAY A CHANGINI PROPERT		
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		
2 inch CIT	meter at SCHOONER COVE COND MODEL	
	NX LAUREN DR	
at such rates as may from time to	time be established by the City.	
	e bill for the Service pipe laid down for my premises, and to pay	
	conform to the said Regulations and to all provisions of the Water	
	s given by me or my agent to cut off the sapply	
SEWER PERMIT 23872	well by the of my agent to cut the the supply	
DIENER FERMIN LOGIC	217 M. Will bel heart of M	
P.132/2.891	THE WARRY SOTTHAND IN UNION THE	
P. 132/2.891 TELEPHONE 5/8 7/38868 867/Mildle hid auchnut 1/16		
Service laid	Size and kind of pipe 2 COPPER	
	O MAIN EXTENSION TO FEED COND St.	
Turned on	Meter Set	
Reading	Location INSIDE CELLAR WALL	
Building rates	Paid	
Cost of Service	Paid	
31-727		





# PERMIT NO. 23872

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

DATE 8 4 06

	and the same of th
This certifies that permission is granted to	
Schooner Cove Corp 867 Middle R	d. Acushnet MA 02743
Property Owner Address	11 = Pd Tel. 508 763-8868 .
Property Owner Address To connect a sewer and/or storm drain located at	consec (our) lon private property)
Assessor's Plot 1.3.2Lot8.9.1., to the sewer and/or storm dr	ain in casement en private properstret
To be laid in accordance with the conditions in this application and to TYPE OF USE: ✓RESIDENTIAL COMMERCIAL	he City of New Bedford ordinances. INDUSTRIAL OTHER
If applicant other than actual property owner, attach Letter of Author	rization from Property Owner.
	Tel
Mailing Address	this work is:
D. W. White Const. Co. Stat. Middle	Rd Acushnet MA 02743
Name Address	Tel. 508-763-8868
Type of Pipe Required: 5DR 35 PUC	Toint maintenance agreement will
PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE	be needed prior to issue of cent of
Requires separate connections for sewage and storm drain visits.	
sanitary sewer.	vinere applicable. Storin water cannot be discharged to a
All work must be inspected and approved by a D.P.I. inspe	ctor before backfilling.
• If this connection is to be part of a private service shared jo	
Joint Maintenance Agreement.	
<ul> <li>Permits can be issued to Industrial and/or Commercial App Public Infrastructure of required plans and supplemental in</li> </ul>	licants only upon receipt and approval by the Commissioner of
	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.
Industrial User Discharge Permit No	Date
Comm. Mass. Sewer Conn./Ext. Permit No	Date
A Filing and Inspection Fee of \$1500. Oplus an Entrance Fee o	f \$ where applicable, must accompany this application.
Bank# bcp Check# 0150	Date 8 4 06 Receipt# 6498
Other requirements: 24.hr. inspection notice.	at 508-979-1527
(Sewer)	
Connection made to Part of jointly-shared p	private line (YES) NO
Storm Drain	
Applicant agrees to abide by the above terms, as well as all	partinent ardinances of the City of New Redford and such
other special rules as the Commissioner of Public Infrastru	cture and/or City Engineer may deem wecessary
	11 Mad & Kaller
Acting City Engineer mm	/ MATONI J. J. S.
Acting City Engineer mm	Signature of Property Owner or Representative
INCRECTO	R'S REPORT
INSPECTO	K'S REPORT
INSPECTED BY:	
DATE:	
COMMENTS:	
APPROVED DISAPPROVED	
. SIGNATURE	

SKETCH PLAN

