NEW BEDFORD WATER WORKS

SERVICE 34147	APPLICATION FOR SERVICE AND METER
Fire Supply	NEW BEDFORD 10.29 2021
I HEREBY ACKNOWLEDGE the receipt of	of a copy of the Regulations prescribed in the Ordinance of the
City, for the use of Water, and I reques	t that the water may be furnished through a
	meter at 259 Samuel Barnett Blok
	N N.B. Dart, Ma.
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 confor	rm to the said Regulations and to all provisions of the Water
Ordinances, until written notice is given	n by me or my agent to cut off the supply.
Dort Math & TELEPHONE	117908 5040 250 Samuel Barnett Blod
Service laid FER LANG CO.	Size and kind of pipe DUCTILL 00747
From	St.
Turned on	Meter Set
Reading	Location
Building rates	Paid
Cost of Service 405	Paid 1085/
31-727	

Pressure Test 1-3-2022
Lengthg of main 350'
Number of hydrants 2
Number of gate valves 2
Number of services 1
Test Pressure 200 PSI 2hr
Leakage 0
Company: Winwater / City Inspector P.Reynolds

11-9-2021: Inspection of Fire supply 11-10-21: Inspection of Fire Supply 11-29-21: Inspection of Fire Supply 11-30-21: Inspection of Fire Supply 12-15-21: Inspection of Fire Supply 12-1-2021: Inspection of Fire Supply

Contractor: Farland Corp Inspector: Percy/Manny Rose

10 Whom It May Concern:
I William Broaden, Dir of Feedle ters & Engineering, being (Mailing Address)
Original
Plot, Lot, hereby agree to allow
(Mailing Address) Doctmouth, 10 act on my behalf including affixing my
signature in securing permit for:
Sewer/Drain Service Permits  Water Service Permits  Driveway Installation Permits  Sidewalk Installation Permits
I further agree to conform to, and abide by, All City rules and ask regulations applicable the permit (s) being applied for:
Name Manda Signature
259 Sanvel Barnet Blad, Darkmonth
10 / 46 / 21 617-908-5040 Telephone Number



## TOWN OF DARTMOUTH TRENCH PERMIT

Pursuant to G.L. c.822A §1 and 520 CMR 7.00 et seq. (as amended)

Private Property  Ilssuing Authority: Board of Health 400 Slocum Road, Dartmouth, MA 02747 (508) 910-1804	Public Property ☐ Issuing Authority: Department of Public Works 749 Russells Mills Road, Dartmouth, MA 02748 (508) 999-0740
☐ Issuing Authority: Building Department 400 Slocum Road, Dartmouth, MA 02747 (508) 910-1820	Property: Plat Lot  Street Address: 259 Samuel Barnett
Applicant Information	PLETED PRIOR TO CONSIDERATION  Excavator Information (if different from applicant)
Name: Farland Corp	Name: SAME
Street Address: 21 Ventura Drive	Street Address:
City/Town: Dartmouth	City/Town:
State: Ma Zip Code: OFF	State: Zip Code:
Phone #: 308-71-3479 Cell #: 101A	Phone #: Cell #:
Owner Information	Insurance Information
Name: Brian Bonenfant	Name and Contact of Insurer:
Street Address: 120 Presidential Way Swite 100	Insurance Certification:
City/Town: Wober	Policy Expiration Date:
State: Mo Zip Code: Ol801	Dig Safe #:
Phone #: Cell #:	Name of Competent Person (as defined by 520 CMR 7.02):
Description, location and purpose of proposed trence Please describe the exact location of the proposed trench what is (or is intended) to be laid in proposed trench reverse side if additional space is needed.	ench and its numpose final de la
From Street Into Priva for Fire line Service Service	



Commonwealth of Massachusetts Division of Professional Licensure

Hoisting Engineer

HE-166212

MICHAEL ATKINSON
647 HIGHLAND AVENUE
NORTH DARTMOUT A 12247

Commissioner Layla R. D'Emilia



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorse

The state of the s	CONTACT Maria Arruda PHONE LA/C, No. Extt: 508-491-3176 FAX (A/C, No): 508-49 LA/C, No. Extt: MArruda@partnersinsgrplic.com	91-3108
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A: TRAVELERS INSURANCE COMPANY	25682
Farland Corp. Inc.	INSURER B: Lloyd's of London	20002
Christian Farland 21 Ventura Drive	INSURER c: The Ohio Casualty Insurance Company	24074
	INSURER D:	24014
	INSURER E:	
COVERAGES CERTIFICATE NUMBER: 201000011	INSURER F:	
COVERAGES CERTIFICATE NUMBER: 2019822161  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION.	REVISION NUMBER:	OV PEDIOS

CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

ADDISUBRI

IR.	TYPE OF INSURANCE	ADDL	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP		
•	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			4T-CO-6G656644-TCT-21 1/1/2021		1/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
Ī	AUTOMOBILE LIABILITY			810-0P185896-21-2S-G	-			\$
I	ANY AUTO			510-0F 165090-21-25-G	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
1	ALL OWNED Y SCHEDULED						BODILY INJURY (Per person)	\$
Ì	X HIRED AUTOS X NON-OWNED					1	BODILY INJURY (Per accident)	5
1	AUTOS AUTOS				1		PROPERTY DAMAGE (Per accident)	\$ Included
1	UMBRELLA LIAB OCCUR							\$
I	EXCESS LIAB CLAIMS-MADE						EACH OCCURRENCE	\$
ľ	DED RETENTION\$						AGGREGATE	5
Ī	WORKERS COMPENSATION	-	-	UB-9J635485				s
AN	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N N N/ (Mandatory in NH)	N/A		UB-93635485	1/1/2021	F	X WC STATU- OTH- TORY LIMITS ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	-					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	Equipment Floater	+	-	BMO57097682				\$ 1,000,000
	Professional BPP		- 1	BM057097682 HSAEC190032 4T-CO-8G656644-TCT-21	1/1/2021 1/1/2021 1/1/2021	1/1/2022	Equipment Prof/Per CI & Aggreg BPP	842,950 1,000,000 100,000

ional Remarks Schedule, if more space is required)

SEXTIFICATE HOLDER	CANCELLATION
Town of Dartmouth 500 Slocum Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Dartmouth MA 02747	AUTHORIZED REPRESENTATIVE

CERTIFICATE HOLDER

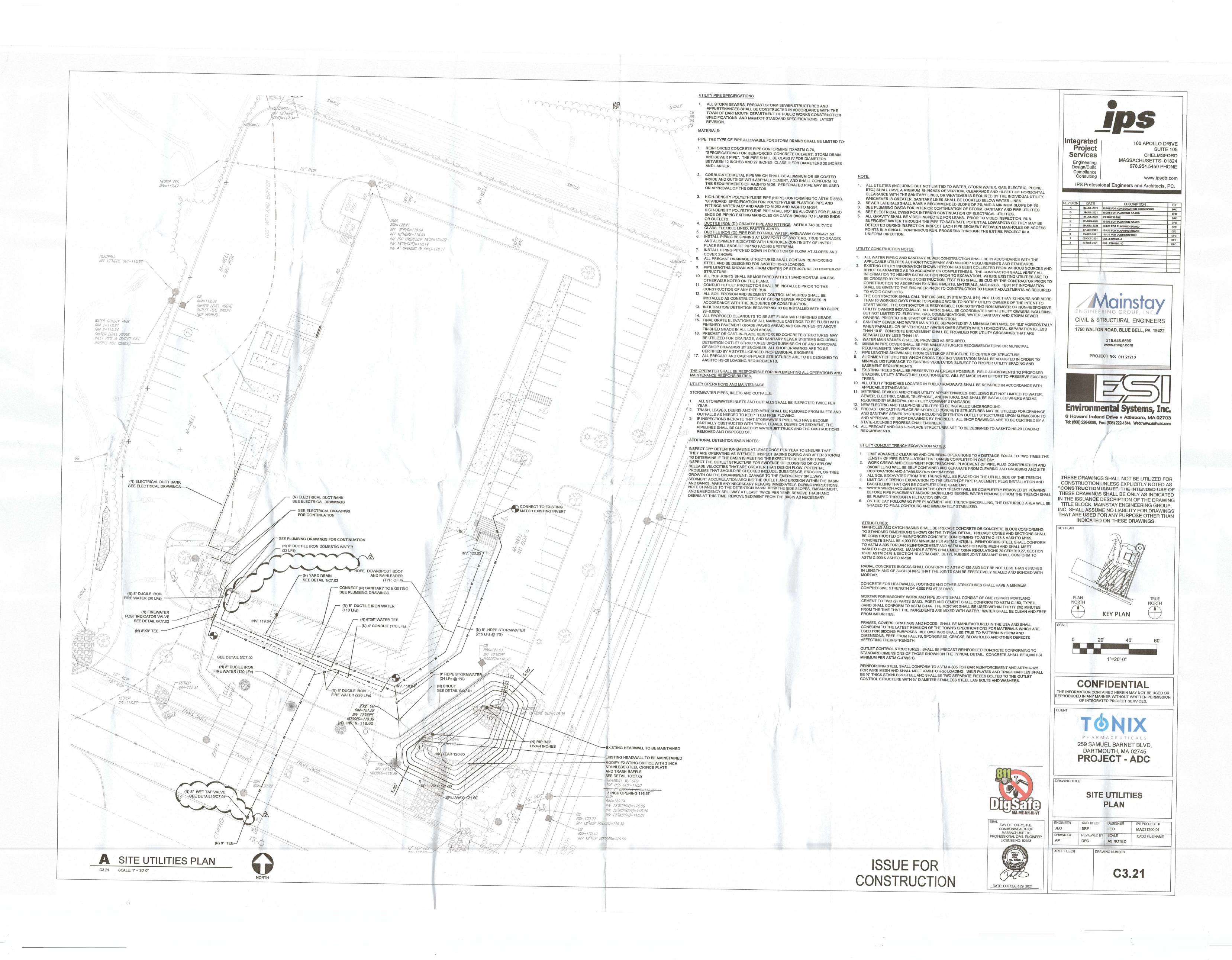
## TOWN OF DARTMOUTH, MASSACHUSETTS DEPARTMENT OF PUBLIC WORKS

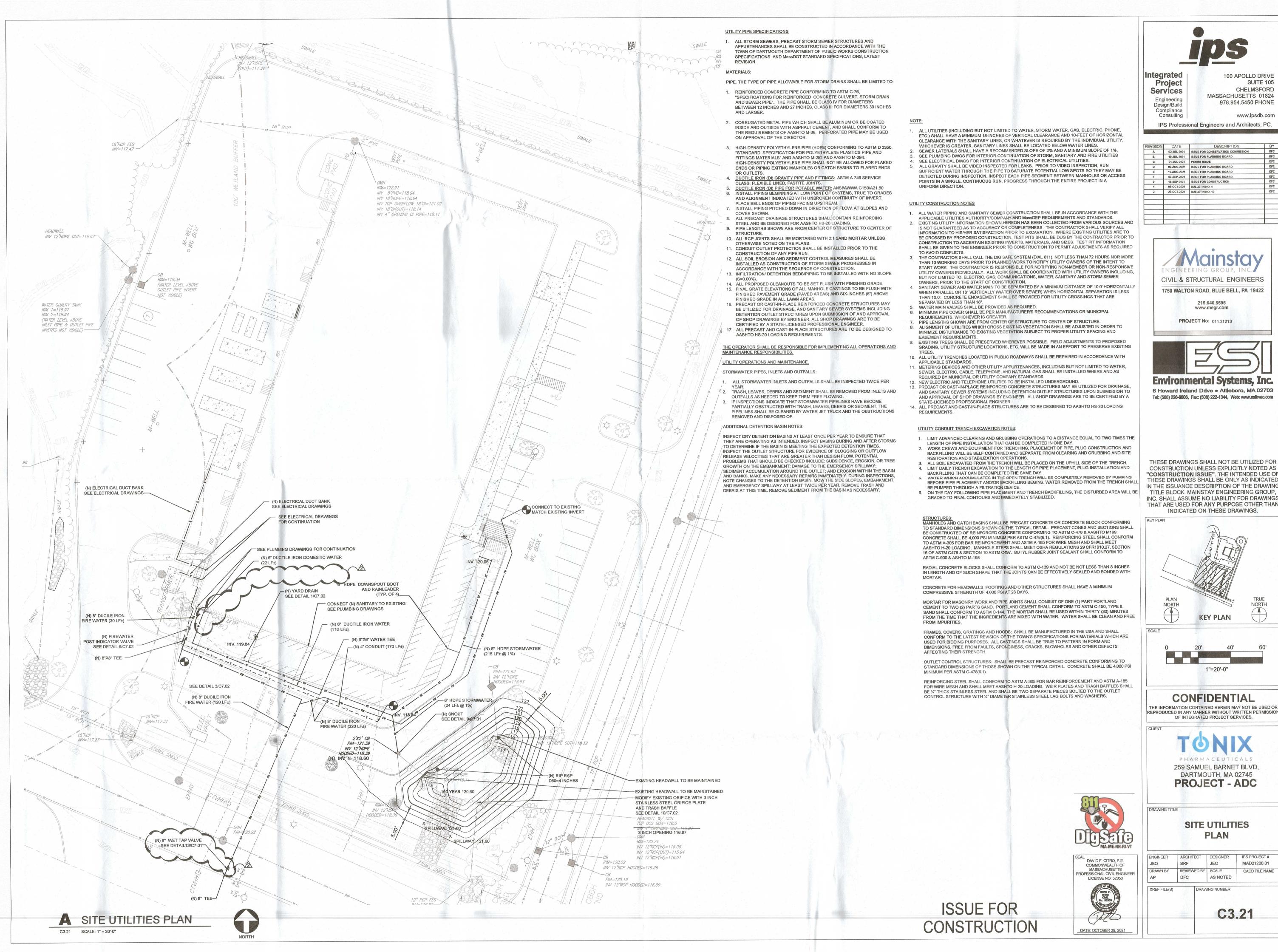


Permit Fee \$75 CK | 0500 Paid <u>| 0 | 28 | 2 |</u>

## APPLICATION FOR PERMIT TO OBSTRUCT AND DISTURB ROADWAY SURFACE

\$2,000 Street Obstruction Permit in Escrow
(Please type or print neatly)  (Applicant) hereby makes application for a permit to obstruct
and disturb the surface 259 Symun & By on At Street hours Se 10 a permit to obstruct
Capaldi St Streets for the purpose of Fixe Line Supply &
Domeste water Service
Work will begin (weather permitting) on $\sqrt{-2}$ , 2021. It is estimated that the street will be
obstructed from $\frac{1}{2}$ . Warm/p.m. to $\frac{1}{2}$ . It is estimated that the street will be obstructed from $\frac{1}{2}$ . Warm/p.m. to $\frac{1}{2}$ . It is estimated that the street will be
worked is commenced.
The applicant agrees that a suitable barrier shall be put and at all times kept around the section or parts of the street, lane, alley, or public place so disturbed, so long as the same shall be or remain unsafe, and that the barrier shall be sufficiently lighted by one or more lanterns fixed to such barrier or in some other proper manner every night from twilight in the evening, and through the whole night, so long as such barrier shall be kept standing; and it is further agreed that the Town shall be held harmless from all damage, costs, or expense, on account of any injury to persons or property, which is due to anything done under the authority of the permit, it is further agreed that upon verbal or written notice to the applicant that the disturbed surface is in disrepair, the applicant shall within a reasonable time as established by the Town, make repair to the disturbed surface. The applicant further agrees that the Town may utilize the escrow funds established by the General Bylaws to make the required repair to the disturbed surface.
The applicant further agrees that notice shall be given at the Department of Public Works office prior to back filling of any utility trench and prior to restoration of the surface of the street to allow for inspection of the work. Failure by the applicant to notify the Town may require excavation of the utility for inspection.
Issuance of such a permit is conditional upon the applicant having posted a street opening bond and certificate of liability insurance in the amount of \$1,000,000.00 unless a specific permit warrants otherwise.
24 HOUR EMERGENCY TELEPHONE NUMBER 401-318-1184
Supervisor responsible for site safety: Mike Atkinson
Applicant's Authorized Signature Date 10/28/201
Approval Date 10 28 2621
Controlled Density Fill Required
C:\Forms\application to obstruct and disturb roadway.doc







Services Engineering Design/Build

100 APOLLO DRIVE SUITE 105 CHELMSFORD MASSACHUSETTS 01824 978.954.5450 PHONE

www.ipsdb.com IPS Professional Engineers and Architects, PC.

NOI	DATE	DESCRIPTION	BY
do.	02-JUL-2021	ISSUE FOR CONSERVATION COMMISSION	DFC
	19-JUL-2021	ISSUE FOR PLANNING BOARD	DFC
	21-JUL-2021	PERMIT ISSUE	DFC
	02-AUG-2021	ISSUE FOR PLANNING BOARD	DFC
	19-AUG-2021	ISSUE FOR PLANNING BOARD	DFC
Ago I	07-SEP-2021	ISSUE FOR PLANNING BOARD	DFC
	15-SEP-2021	ISSUE FOR CONSTRUCTION	DFC
	08-OCT-2021	BULLETIN NO. 4	DFC
	29-OCT-2021	BULLETIN NO. 10	DFC
		100	
	And the state of t		



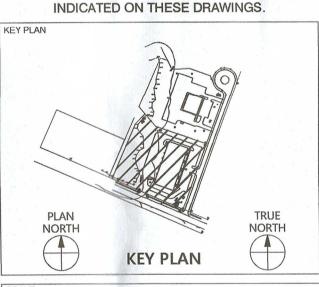


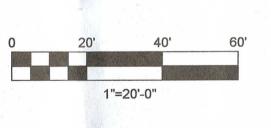
Tel: (508) 226-6006, Fax: (508) 222-1344, Web: www.esihvac.com

THESE DRAWINGS SHALL NOT BE UTILIZED FOR CONSTRUCTION UNLESS EXPLICITLY NOTED AS "CONSTRUCTION ISSUE". THE INTENDED USE OF THESE DRAWINGS SHALL BE ONLY AS INDICATED IN THE ISSUANCE DESCRIPTION OF THE DRAWING

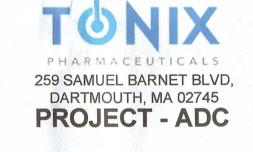
INC. SHALL ASSUME NO LIABILITY FOR DRAWINGS

THAT ARE USED FOR ANY PURPOSE OTHER THAN





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OF INTEGRATED PROJECT SERVICES.



SITE UTILITIES PLAN



ARCHITECT DESIGNER IPS PROJECT # SRF JEO MAD21200.01 DRAWN BY REVIEWED BY SCALE CADD FILE NAME DFC AS NOTED XREF FILE(S) DRAWING NUMBER C3.21