



**CITY OF NEW BEDFORD**

**JONATHAN F. MITCHELL, MAYOR**

September 15, 2016

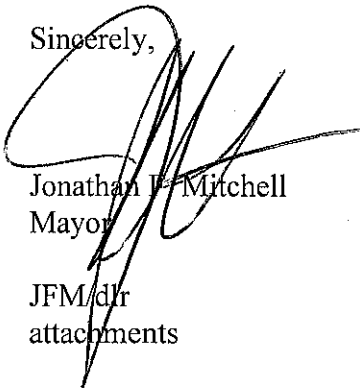
City Council President Linda M. Morad and  
Honorable Members of the City Council  
133 William Street  
New Bedford, MA 02740

Dear Council President Morad and Honorable Members of the City Council:

I am submitting for your approval a **SEWER ABATEMENT** for Bay Side Builders Realty Trust, 1851 Acushnet Avenue, New Bedford, MA, account number 1032138 in the amount of \$1,223.04.

I have attached correspondence for your review on this sewer abatement request from Euzebio Arruda, Commissioner of the Department of Public Infrastructure.

Sincerely,



Jonathan F. Mitchell  
Mayor

JFM/dlr  
attachments



## Department of Public Infrastructure

**Euzebio Arruda**  
Commissioner

### **CITY OF NEW BEDFORD**

**Jonathan F. Mitchell, Mayor**

**Water**  
**Wastewater**  
**Highways**  
**Engineering**  
**Cemeteries**  
**Park Maintenance**  
**Forestry**  
**Energy**

### MEMORANDUM

TO: MAYOR JONATHAN F. MITCHELL

FROM: Euzebio Arruda, Commissioner-DPI

DATE: September 12, 2016

RE: SEWER ABATEMENT REQUEST

Bay Side Builders Realty Trust  
1851 Acushnet Avenue  
Account# 1032138

Attached, for your review, is correspondence related to the above referenced sewer abatement request.

The circumstances associated with this request have been investigated by the Department of Public Infrastructure, Wastewater Division. As the result of the investigation, the excess water was pumped out onto the lawn by the New Bedford Fire Department and did not enter the collection system. I would recommend that a credit of \$1,223.04 be allowed.

Should you be in agreement, I would ask that you communicate the abatement recommendation to the City Council.

Enc: 6

**CONSUMPTION FORM**

ACCOUNT #		1032138	
CONSUMER:		BAY SIDE BUILDERS REALTY TRUST	
ADDRESS:		1851 ACUSHNET AVENUE	
ITEM	BILLING DATE	CCF'S	READ TYPE
1	December 24, 2014	21	A
2	January 24, 2015	24	A
3	February 24, 2015	17	A
4	March 24, 2015	19	A
5	April 24, 2015	20	A
6	May 24, 2015	18	A
7	June 24, 2015	18	A
8	July 24, 2015	19	A
9	August 24, 2015	23	A
10	September 24, 2015	20	A
11	October 24, 2015	16	A
12	November 24, 2015	15	A
13	December 24, 2015	9	A
14	January 24, 2016	13	A
15	February 24, 2016	15	A
16	March 24, 2016	20	A
17	April 24, 2016	24	A
18	May 24, 2016	27	A
19	June 24, 2016	161	A
20	July 24, 2016	314	A
	TOTAL CONSUMPTION	813	
AVERAGE (= TOTAL CONSUMPTION / 20 MONTHS)		41	
		CCF TO ABATE (= BILLED - AVERAGE)	
July 24, 2016	BILLED @ 314 CCF	273	
Total CCF to abate		273	
Sewer Rate		\$4.48	
Total \$ to abate		\$1,223.04	

**Department of Public Infrastructure**

1105 Shawmut Ave.  
New Bedford, MA 02746  
508-979-1550 Ext 67302

**Water and Sewer Invoice**  
**REMIT PORTION**

Service Address	Bill Number	Account # - Customer #	Due Date	Amount Due
1851 ACUSHNET AVE	1152001	1032138 - 420691	09/06/2016	\$2,190.24

ALL CHARGES SUBJECT TO SHUT OFF AFTER 45 DAYS WITHOUT ADDITIONAL NOTICE

To ensure accurate payment processing, please include your bill number on your check.



BAY SIDE BUILDERS REALTY TRUST  
136 RIVER RD  
NEW BEDFORD, MA 02745-6132

00009283

20146042017201152001200002190247

✂ Detach and return the portion above with your payment ✂

**Department of Public Infrastructure**

1105 Shawmut Ave.  
New Bedford, MA 02746  
508-979-1550 Ext 67302  
Office Hours: Mon-Fri, 7:30 am - 4:00 pm

**Water and Sewer Invoice**

Keep this portion for your records.

<b>Customer Name</b> BAY SIDE BUILDERS REALTY TRUST				<b>Service Address</b> 1851 ACUSHNET AVE				
<b>Bill Number</b> 1152001	<b>Bill Date</b> 08/08/2016	<b>Account # - Customer #</b> 1032138 - 420691					<b>Due Date</b> 09/06/2016	
<b>Description</b>	<b>Meter</b>	<b>Previous Read Date</b>	<b>Current Read Date</b>	<b>Previous Meter Reading</b>	<b>Current Meter Reading</b>	<b>Read Code</b>	<b>Usage (100 cu. ft.)</b>	<b>Charge</b>
WATER BASE RATE								6.05
NB COMMERCIAL WATER USE	47797388	06/24/2016	07/24/2016	5536	5850	A	314	769.30
SEWER BASE RATE								6.31
SEWER COMMERCIAL USAGE								1,406.72
METER RENTAL WATER								0.93
METER RENTAL SEWER								0.93
<div style="display: flex; justify-content: space-between;"> <div> <p><b>HISTORY PERIOD</b></p> <p><b>BILLED USAGE</b></p> </div> <div> <p>100 cu. ft. equals 748 gallons</p> <p>MAKE CHECKS PAYABLE TO: CITY OF NEW BEDFORD PO BOX 844551, BOSTON, MA 02284-4551</p> <p>GO TO WWW.NEWBEDFORD-MA.GOV AND CLICK ON "PAY ONLINE" TO REGISTER FOR MCC</p> </div> <div> <p><b>READ CODE:</b> A = Actual E = Estimate F = Final</p> </div> </div>								
							<p><b>Current Charges</b> 2,190.24</p> <p><b>Previous Balance</b> 1,129.95</p> <p><b>Adjustments</b> .00</p> <p><b>Payments Received</b> -1,129.95</p> <p><b>Total Amount Due</b> \$2,190.24</p>	
<p>"ONLINE BANKING CUSTOMERS: PLEASE NOTE THAT YOU NEED TO UPDATE YOUR BILL NUMBER ON YOUR PAYMENT MONTHLY"</p> <p>PLEASE CALL THE OFFICE IF YOU RECEIVE AN ESTIMATED BILL TO SCHEDULE AN APPOINTMENT</p>								
<p style="text-align: right;"><b>Bill Number</b> 1152001</p> <p style="text-align: right;"><b>Account # - Customer #</b> 1032138 - 420691</p>								

**A** FDID 05201 State MA Incident Date 08152016 Station Incident Number 10238 Exposure 0 ☐ Change ☐ No Activity NFIRS-1 BASIC OMB 1560-0069 Expires 08/30/2009 Paperwork Burden Notice on Back

**B Location Type** ☐ Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification. Use only for Wildland fires." Census Tract 6504-  
☒ Street address  
☐ Intersection 1853 ACUSHNET AVE  
☐ In front of Number/Milepost Prefix Street or Highway Street Type Suffix  
☐ Rear of NEW BEDFORD MA 02745  
☐ Adjacent to Apt./Suite/Room City State Zip Code  
☐ Directions  
☐ US National Grid Cross Street, Directions or National Grid, as applicable

**C Incident Type** 520 Water problem, other Incident Type  
**D Aid Given or Received** ☒ None  
1 ☐ Mutual aid received  
2 ☐ Auto. aid received  
3 ☐ Mutual aid given  
4 ☐ Auto. aid given  
5 ☐ Other aid given  
**E1 Dates & Times** Midnight is 0000  
Month Day Year Hour Min  
Alarm ☒ 08 15 2016 0514  
ARRIVAL required, unless canceled or did not arrive  
☒ Arrival 08 15 2016 0519  
CONTROLLED optional, except for wildland fires  
☐ Controlled  
LAST UNIT CLEARED, required except for wildland fires  
☒ Last Unit Cleared 08 15 2016 0554  
**E2 Shifts & Alarms** Local Option  
C 0 312  
Shift or Platoon Alarms District  
**E3 Special Studies** Local Option  
Special Study ID# Special Study Value

**F Actions Taken** ☒ 52 Forcible entry Primary Action Taken (1)  
☒ 64 Shut down system Additional Action Taken (2)  
☐ Additional Action Taken (3)  
**G1 Resources** ☐ Check this box and skip this block if an Apparatus or Personnel Module is used.  
Apparatus Personnel  
Suppression 3 10  
EMS 0 0  
Other 1 1  
☐ Check box if resource counts include aid received resources.  
**G2 Estimated Dollar Losses and Values**  
LOSSES: Required for all fires if known, Optional for non fires. None  
Property \$ Contents \$  
PRE-INCIDENT VALUE: Optional  
Property \$ Contents \$

**Completed Modules**  
☐ Fire-2  
☐ Structure Fire-3  
☐ Civilian Fire Cas.-4  
☐ Fire Service Cas.-5  
☐ EMS-6  
☐ HazMat-7  
☐ Wildland Fire-8  
☐ Apparatus-9  
☐ Personnel-10  
☐ Arson-11  
**H1 Casualties** ☒ None  
Deaths Injuries  
Fire Service  
Civilian  
**H2 Detector** Required for confined fires.  
1 ☐ Detector alerted occupants  
2 ☐ Detector did not alert them  
U ☐ Unknown  
**H3 Hazardous Materials Release** ☐ None  
1 ☐ Natural gas: slow leak, no evacuation or HazMat actions  
2 ☐ Propane gas: <21 lb. tank (as in home BBQ grill)  
3 ☐ Gasoline: vehicle fuel tank or portable container  
4 ☐ Kerosene: fuel burning equipment or portable storage  
5 ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable storage  
6 ☐ Household solvents: home/office spill, cleanup only  
7 ☐ Motor oil: from engine or portable container  
8 ☐ Paint: from paint cans totaling <55 gallons  
0 ☐ Other: Special HazMat actions required or spill > 55 gal (Please complete the HazMat form)  
**Mixed Use Property** ☐ Not mixed  
10 ☐ Assembly use  
20 ☐ Education use  
33 ☐ Medical use  
40 ☐ Residential use  
51 ☐ Row of stores  
63 ☐ Enclosed mall  
58 ☐ Business & residential  
59 ☐ Office use  
60 ☐ Industrial use  
63 ☐ Military use  
65 ☐ Farm use  
00 ☐ Other mixed use

**J Property Use** ☐ None  
**Structures**  
131 ☐ Church, place of worship  
161 ☐ Restaurant or cafeteria  
162 ☐ Bar/tavern or nightclub  
213 ☐ Elementary school, kindergarten  
215 ☐ High school, junior high  
241 ☐ College, adult education  
311 ☐ Nursing Home  
331 ☐ Hospital  
341 ☐ Clinic, clinic-type infirmary  
342 ☐ Doctor/dentist office  
361 ☐ Prison or jail, not juvenile  
419 ☐ 1- or 2-family dwelling  
429 ☒ Multifamily dwelling  
439 ☐ Rooming/boarding house  
449 ☐ Commercial hotel or motel  
459 ☐ Residential, board and care  
464 ☐ Dormitory/barracks  
519 ☐ Food and beverage sales  
539 ☐ Household goods, sales, repairs  
571 ☐ Gas or service station  
579 ☐ Motor vehicle/boat sales/repairs  
599 ☐ Business office  
615 ☐ Electric-generating plant  
629 ☐ Laboratory/science laboratory  
700 ☐ Manufacturing plant  
819 ☐ Livestock/poultry storage (barn)  
882 ☐ Non-residential parking garage  
891 ☐ Warehouse  
**Outside**  
124 ☐ Playground or park  
655 ☐ Crops or orchard  
669 ☐ Forest (timberland)  
807 ☐ Outdoor storage area  
919 ☐ Dump or sanitary landfill  
931 ☐ Open land or field  
936 ☐ Vacant lot  
938 ☐ Graded/cared for plot of land  
946 ☐ Lake, river, stream  
951 ☐ Railroad right-of-way  
960 ☐ Other street  
961 ☐ Highway/divided highway  
962 ☐ Residential street/driveway  
981 ☐ Construction site  
984 ☐ Industrial plant yard  
Look up and enter a Property Use code and description only if you have NOT checked a Property Use box:  
Property Use 429  
Multifamily dwelling

<b>A</b>	FDID	State	MM	DD	YYYY	Station	Incident Number	Exposure	<input type="checkbox"/> Delete	<b>NFIRS-1 BASIC</b> OMB 1660-0059 Expires 06/30/2009
	05201	MA	08	15	2016		10238	0	<input type="checkbox"/> Change	
									<input type="checkbox"/> No Activity	

<b>K1</b>	<b>Person/Entity Involved</b>	Local Option		Business name (if applicable)		Area Code		Phone Number		
	<input type="checkbox"/> Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines.	Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix				
		Number	Prefix	Street or Highway		Street Type	Suffix			
		Post Office Box	Apt./Suite/Room		City					
		State	Zip Code							
<input type="checkbox"/> More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.										

<b>K2</b>	<b>Owner</b>	Local Option		<input type="checkbox"/> Same as person involved? Then check this box and skip the rest of this section.	Business name (if applicable)		Area Code		Phone Number	
	<input type="checkbox"/> Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines.	Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix				
		Number	Prefix	Street or Highway		Street Type	Suffix			
		Post Office Box	Apt./Suite/Room		City					
		State	Zip Code							
<b>COLONIAL BARBER SHOP</b> <b>1853 ACUSHNET AVE</b> <b>New Bedford</b> <b>MA</b>										

<b>L</b>	<b>Remarks:</b>	Local Option									
ITEMS WITH A ★ MUST ALWAYS BE COMPLETED!											
<input type="checkbox"/> More remarks? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.											

<b>M</b>	<b>Authorization</b>	Officer in charge ID		Signature		Position or rank		Assignment		Month		Day		Year	
	<input type="checkbox"/> Check box if same as Officer in charge.	JAG	GIOIOSA, JOSEPH		District Chief C		08	15	2016						
		ECH	HARTFORD, ERIC		Lieutenant C		08	15	2016						
		Member making report ID	Signature		Position or rank		Assignment		Month		Day		Year		

<b>A</b>	FDID	State	Incident Date	Station	Incident Number	Exposure	Delete	Change	<b>NFIRS - MA State</b>
	0 5 2 0 1	M A	0 8 1 5 2 0 1 6	1 0 2 3 8	0				

<b>B1 Critical Incident</b>  <div style="display: flex; align-items: center;"> <input type="checkbox"/> Yes <div style="margin-left: 10px;"> </div> </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> No </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; width: fit-content;">             If no, Skip to section C </div>	<b>B2 Team Mobilized</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>B3 Circumstances</b> Max of 3 choices.  <div style="list-style-type: none; padding-left: 0;"> <div>1 <input type="checkbox"/> Serious Injury or line of duty death</div> <div>2 <input type="checkbox"/> Suicide of a co-worker</div> <div>3 <input type="checkbox"/> Death or serious injury to a child</div> <div>4 <input type="checkbox"/> Prolonged failed rescue</div> <div>5 <input type="checkbox"/> Multi-casualty incident/disaster</div> <div>6 <input type="checkbox"/> Victim is known to the responder</div> <div>7 <input type="checkbox"/> Any incident where the personal safety of the responder is jeopardized</div> <div>8 <input type="checkbox"/> Incidents with excessive media interest</div> <div>9 <input type="checkbox"/> Any incident with unusually strong emotional components</div> </div>
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<b>C1 Insurance Information</b> <div style="text-align: right; font-size: small;">Enter insurance information for the owner entered in section K2 of the Basic form (NFIRS-1).</div> <div style="margin-top: 20px;"> <div style="border-bottom: 1px solid black; width: 80%; display: inline-block;"></div> <div style="margin-left: 10px;">Total amount \$</div> <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div> </div> <div style="margin-top: 10px;">Insurance Company</div>	<b>C2 Car Stolen</b> <div style="font-size: x-small;">Was the vehicle entered in section H2 of the Fire form (NFIRS-2) stolen?</div> <div style="margin-top: 10px;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No </div>
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<b>D1 HazMat Tier Levels</b>  <div style="list-style-type: none; padding-left: 0;"> <div>01 <input type="checkbox"/> Hazard &amp; Risk Assessment</div> <div>02 <input type="checkbox"/> Short Term Operations</div> <div>03 <input type="checkbox"/> Long Term Operations</div> <div>04 <input type="checkbox"/> Multiple Team Operations</div> </div>	<b>D2 Number of Entries</b>  <div style="text-align: center; margin-top: 20px;"> <div style="border-bottom: 1px solid black; width: 40px; margin: 0 auto;"></div> <div style="font-size: x-small;">Number of entries made by emergency personnel</div> </div>	<b>D3 Suit/PPE Levels</b>  <div style="list-style-type: none; padding-left: 0;"> <div>01 <input type="checkbox"/> Level A</div> <div>02 <input type="checkbox"/> Level B</div> <div>03 <input type="checkbox"/> Level C</div> <div>04 <input type="checkbox"/> Level D</div> </div>
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<b>A</b>	FDID	State	Incident Date	Station	Incident Number	Exposure	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS-AU Authorization</b>
	05201	MA	08152016		10238	ALL		

<b>B</b>	<b>Authorization</b>							
	Check box if same as Officer in charge. <input checked="" type="checkbox"/>	Officer in charge ID <b>JAG</b>	GIOIOSA, JOSEPH	District Chief C	Assignment	Month <b>08</b>	Day <b>15</b>	Year <b>2016</b>
	<input type="checkbox"/>	Member making report ID <b>ECH</b>	HARTFORD, ERIC	Lieutenant C	Assignment	Month <b>08</b>	Day <b>15</b>	Year <b>2016</b>

<b>C</b>	<b>Approval</b>							
	By signing this report I affirm that, to the best of my knowledge, all information provided herein is complete and accurate.							
	Approving Officer ID <b>JAG</b>	GIOIOSA, JOSEPH	District Chief C	Assignment <b>AP</b>	Month <b>08</b>	Day <b>15</b>	Year <b>2016</b>	