



# TOWN OF SEABROOK PUBLIC WATER SYSTEM

550 Route 107 ~ PO Box 456, Seabrook, NH 03874

Phone: (603) 474-9921 Fax: (603) 474-3399

## WATER SERVICE APPLICATION

APPLICANT INFO SAME AS LANDOWNER? YES  NO

DATE: 2/4/2020

APPLICANT NAME/CORPORATION: Salem Manufactured Homes LLC

APPLICANT ADDRESS: 72 S Broadway

CITY: Salem ZIP CODE: 03079 WORK/OTHER PHONE: 603 898 2144

E-MAIL ADDRESS OF APPLICANT: adam@salemmh.com

LANDOWNER/BILLING NAME: Justin Yessier

BILLING ADDRESS: 23 Cross Beach Rd

CITY: Seabrook ZIP CODE: \_\_\_\_\_ WORK/OTHER PHONE: 978 388 3918

E-MAIL ADDRESS OF LANDOWNER: \_\_\_\_\_

SERVICE ADDRESS: 23 Cross Beach Rd ASSESSOR'S MAP-LOT-SEQ: 25-23

TYPE OF CONSTRUCTION: (Check All That Apply) NEW CONSTRUCTION  RESIDENTIAL  SINGLE FAMILY  MULTI-FAMILY  CONDO

MOBILE/MANUFACTURED HOME  COMMERCIAL  INDUSTRIAL  OTHER (Please Describe) Change to existing

\*UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE

NO. OF STORIES IN BUILDING: 1 BUILDING SIZE IN SQUARE FEET: 6956 TOTAL PARCEL AREA IN SQUARE FEET: \_\_\_\_\_

FIRE DEPARTMENT REQUIREMENTS: NONE SPRINKLE ALL  SPRINKLE GARAGE ONLY

FIRE HYDRANTS REQUIRED: NONE PUBLIC (NO. OF HYDRANTS) \_\_\_\_\_ PRIVATE (NO. OF HYDRANTS) \_\_\_\_\_

IS THERE A WELL ON THE PROPERTY? YES  NO  USING RECYCLED WATER? YES  NO

WILL A PUMP BE USED TO BOOST PRESSURE? YES - FIRE SERVICE  YES - DOMESTIC SERVICE

WILL THERE BE LANDSCAPE IRRIGATION? YES  NO  IF YES, NUMBER OF SPRINKLER HEADS: \_\_\_\_\_

FLOW OF EACH SPRINKLER HEAD IN GPM: \_\_\_\_\_ TOTAL IRRIGATED AREA IN SQUARE FEET: \_\_\_\_\_

IF NON-RESIDENTIAL, DESCRIBE BUSINESS TYPE OR USAGE OF LOT: \_\_\_\_\_

### SERVICES - LIST ALL REQUIRED PER PARCEL

| POTABLE OR RECYCLED | SERVICE USE (RESIDENTIAL, FIRE, IRRIGATION, ETC.) | LATERAL SIZE | METER SIZE      | MAX DEMAND IN GPM | ANTICIPATED DATE OF METER INSTALLATION |
|---------------------|---|--------------|-----------------|-------------------|--|
| <u>Potable</u>      | <u>Residential</u>                                | <u>1"</u>    | <u>3/4" B/S</u> |                   | <u>March 2020</u>                      |
|                     |   |              |                 |                   |  |

### FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

| BATHROOM:    |          | KITCHEN:     |          | LAUNDRY ROOM: |          | MISC/OTHER:        |          |
|--------------|----------|--------------|----------|---------------|----------|--------------------|----------|
| TUBS/SHOWERS | <u>1</u> | JACUZZI TUBS | <u>0</u> | DISHWASHERS   | <u>1</u> | CLOTHES WASHERS    | <u>1</u> |
| TUBS ONLY    | <u>0</u> | TOILETS      | <u>2</u> | SINKS         | <u>1</u> | SINKS              | <u>0</u> |
| SHOWERS ONLY | <u>1</u> | URINALS      | <u>0</u> |               |          |                    |          |
| SINKS        | <u>2</u> | BIDETS       | <u>0</u> |               |          |                    |          |
|              |          |              |          |               |          | POOL (SIZE: _____) | <u>0</u> |
|              |          |              |          |               |          | DESCRIBE:          | <u>6</u> |

ADDITIONAL COMMENTS (IF APPLICABLE, LIST NO. OF BUILDINGS AND NO. IN EACH BUILDING):

Disconnect and reconnect manufactured home to existing town water and town sewer

LAND OWNER'S SIGNATURE: [Signature]

DATE: 2/4/20

By signing above, I agree I will not hold the Seabrook Water Department responsible for any damages to my property, which may be incurred during, or as a result of the water installation.

\*\*ALSO: THIS APPLICATION WILL EXPIRE 2 YEARS AFTER APPROVAL BY THE BOARD OF SELECTMEN AND THE FEE WILL BE NONREFUNDABLE

CORPORATION NAME: Salem Manufactured Homes OFFICER'S NAME & TITLE (PRINT): Adam Gidley, Asst. Manager

APPLICANT/CORPORATION'S OFFICER SIGNATURE: [Signature]

DATE: 2/4/20



**TOWN OF SEABROOK PUBLIC WATER SYSTEM**

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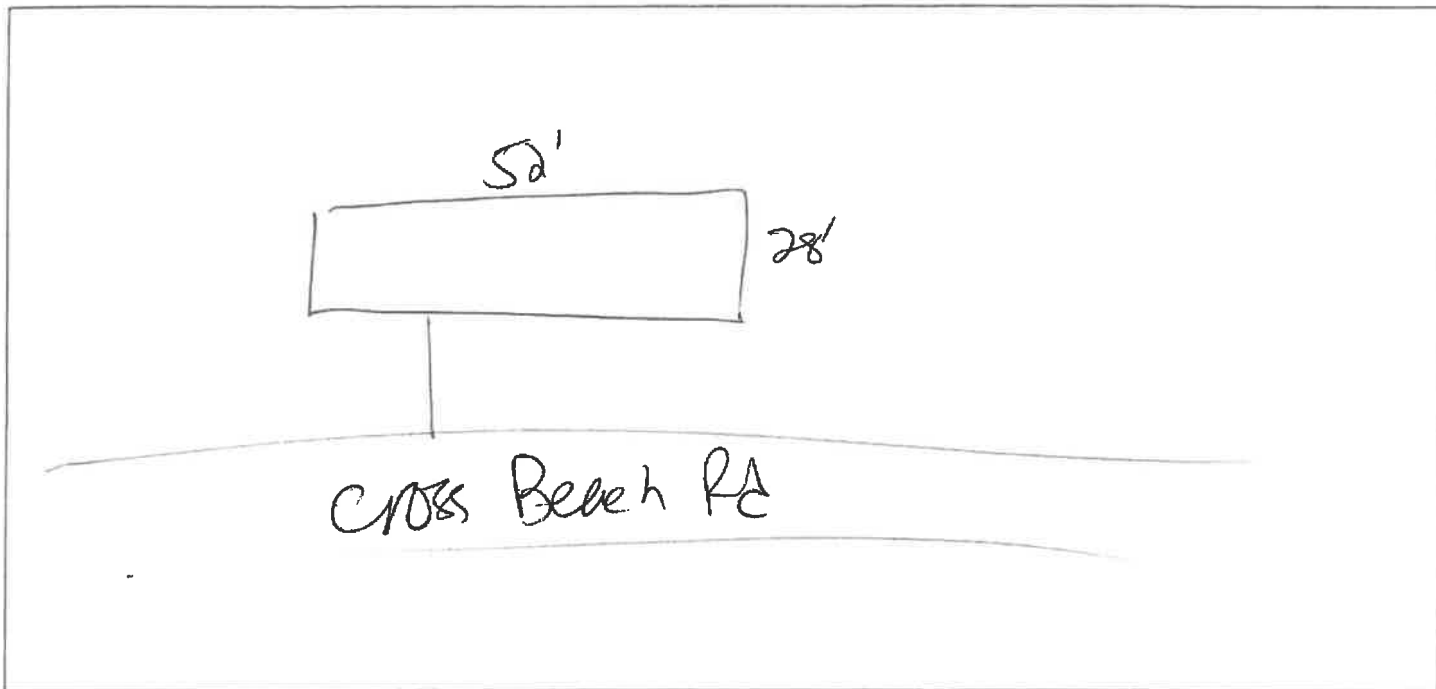
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**WATER SERVICE APPLICATION**

**Service Connection Ties**

Address: 23 Cross Beach Rd

Please provide a sketch of the service connection with the approximate length. Please indicate the name of the street and a sketch of the house. In addition, please show the approximate distances from any sewer lines on the property.



**Connection to Building**

The applicant shall provide proper plumbing of building(s), which shall be in compliance with the International Plumbing Code as well as the Rules and Ordinances of the Town of Seabrook and the State of New Hampshire. Water lines are required to be inspected by the Water Department before backfilling.

**-OFFICE USE ONLY-**

GRANTED \_\_\_ DENIED \_\_\_ DATE \_\_\_\_\_

Board of Water Commissioners

REASON FOR DENIAL: \_\_\_\_\_

(Chairman)

*Curt Sturjo*

Water Superintendent

2/5/202

0 Date

AMOUNT PAID: 50<sup>00</sup>

CASH/CHECK # 29619

DATE RECEIVED 2/4/20

BY EW

Name: TESSIER ROGER & JUSTIN

Acct# 126850

Location: 23 CROSS BEACH RD

- 4/03/2012                    4/3/12 meter not picked up by plumber (called 6/22/10) who was asking about how to get water for this account /meter at well # 5
  
- 7/31/2012                    Billing is on hold
  
- 12/18/2013                    06/13/08 - This service has changed to inactive. This land and building has been vacant for a number of years. Computer records show this account has received an abatement or refund for water and sewer use since 2004. Water is off and the home has no meter.
  
- 3/01/2016                    02/29/16 - Curtis spoke with Tom about having water in April. We can't do it now because we may have another freeze. Tom will have to get a plumber to install the backflow - meter. We will have to inspect everything. Meter should be at the well. The meter numbers will have to be put into the system.