



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

Emergency Repair
 Performed by Matrix
 Excavating on 8/24/2020

APPLICANT INFO SAME AS LANDOWNER? YES NO

DATE: 08/26/2020

APPLICANT NAME/CORPORATION: Elaine Lentz
 APPLICANT ADDRESS: 112 WALTON RD
 CITY: Seabrook
 ZIP CODE: 03874
 HOME PHONE: 603 944 7249
 WORK/OTHER PHONE: N/A
 E-MAIL ADDRESS OF APPLICANT: lentzfam@comcast.net

LANDOWNER/BILLING NAME: Same
 BILLING ADDRESS: PO Box 295
 CITY: Seabrook
 ZIP CODE: 03874
 HOME PHONE: Same
 WORK/OTHER PHONE: N/A
 E-MAIL ADDRESS OF LANDOWNER: Same

SERVICE ADDRESS: 112 WALTON RD ASSESSOR'S MAP-LOT-SEQ: 10-96-0
 TYPE OF CONSTRUCTION: (Check All That Apply) NEW CONSTRUCTION RESIDENTIAL SINGLE FAMILY MULTI-FAMILY CONDO
 MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL OTHER (Please Describe): EMERGENCY REPAIR
 *UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE

NO. OF STORIES IN BUILDING: 1 3/4 BUILDING SIZE IN SQUARE FEET: 1232 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 NO
 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>EXISTING RESIDENTIAL</u> | | | | <u>EXISTING</u> |
| | | | | | |

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

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

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

LAND OWNER'S SIGNATURE: [Signature] DATE: 08/26/2020

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: _____ OFFICER'S NAME & TITLE (PRINT): _____

APPLICANT/CORPORATION'S OFFICER SIGNATURE: [Signature] DATE: 08/26/2020



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Service Connection Ties

Address: _____

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.

[Large empty rectangular box for sketching service connections]

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 Skyles
Water Superintendent

9/2/202
0 Date

AMOUNT PAID: 50.00

CASH/CHECK # 114

9-2-20

BY S.G.