



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

CANT INFO SAME AS LANDOWNER? **YES** / NO

DATE: 06/07/21

CANT NAME/CORPORATION RMH NH LLC			LANDOWNER/BILLING NAME RMH NH LLC		
CANT ADDRESS 319 New Zealand Rd.		HOME/WORK PHONE 603-657-0412	BILLING ADDRESS PO Box 219		HOME/WORK PHONE
STATE Seabrook	ZIP CODE 03842	WORK/OTHER PHONE	CITY/STATE Seabrook, NH	ZIP CODE 03874	WORK/OTHER PHONE (603) 474-5628
E-MAIL ADDRESS OF APPLICANT dan.guerin@eurekanh.com			E-MAIL ADDRESS OF LANDOWNER dan.guerin@eurekanh.com		

PLACE ADDRESS: 319 ROUTE 107 **ASSESSOR'S MAP-LOT-SEQ:** 2-41

OF CONSTRUCTION: (Check All That Apply) NEW CONSTRUCTION RESIDENTIAL SINGLE FAMILY MULTI-FAMILY CONDO
MOBILE/MANUFACTURED HOME COMMERCIAL INDUSTRIAL OTHER (Please Describe)

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

STORIES IN BUILDING: 1 **BUILDING SIZE IN SQUARE FEET:** 70,000 **TOTAL PARCEL AREA IN SQUARE FEET:** 3 Million

DEPARTMENT REQUIREMENTS: NONE SPRINKLE ALL SPRINKLE GARAGE ONLY

HYDRANTS REQUIRED: NONE PUBLIC (NO. OF HYDRANTS _____) PRIVATE (NO. OF HYDRANTS _____)

WELL ON THE PROPERTY? YES NO **USING RECYCLED WATER?** YES NO

PUMP BE USED TO BOOST PRESSURE? YES - FIRE SERVICE NO

LANDSCAPE IRRIGATION? YES NO **IF YES, NUMBER OF SPRINKLER HEADS:** Drip line, not standard irrigation heads.

OF EACH SPRINKLER HEAD IN GPM: .9 GPM **TOTAL IRRIGATED AREA IN SQUARE FEET:** 1000 sq. ft

RESIDENTIAL, DESCRIBE BUSINESS TYPE OR USAGE OF LOT: Casino, sportsbook, and racebook

SERVICES - LIST ALL REQUIRED PER PARCEL

TABLE OR RECYCLED	SERVICE USE (RESIDENTIAL, FIRE, IRRIGATION, ETC.)	LATERAL SIZE	METER SIZE	DEMAND IN GPM	EXPECTED DATE OF METER INSTALLATION
potable	residential		5/8"		

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		DISHWASHERS		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS	JACUZZI TUBS		3	CLOTHES WASHERS	1	HOSE/BIBS	3
TUBS ONLY	TOILETS	SINKS	26	SINKS	1	BAR SINKS	6
SHOWERS ONLY	URINALS					POOL (SIZE: _____)	
SINKS	BIDETS					DESCRIBE:	

LAND OWNER'S SIGNATURE *[Signature]* DATE 6/8/21

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 **RMH NH LLC** OFFICER'S NAME & TITLE (PRINT) **Daniel Guerin Director of Engineering**

APPLICANT/CORPORATION'S OFFICER SIGNATURE *[Signature]* DATE 6/8/21

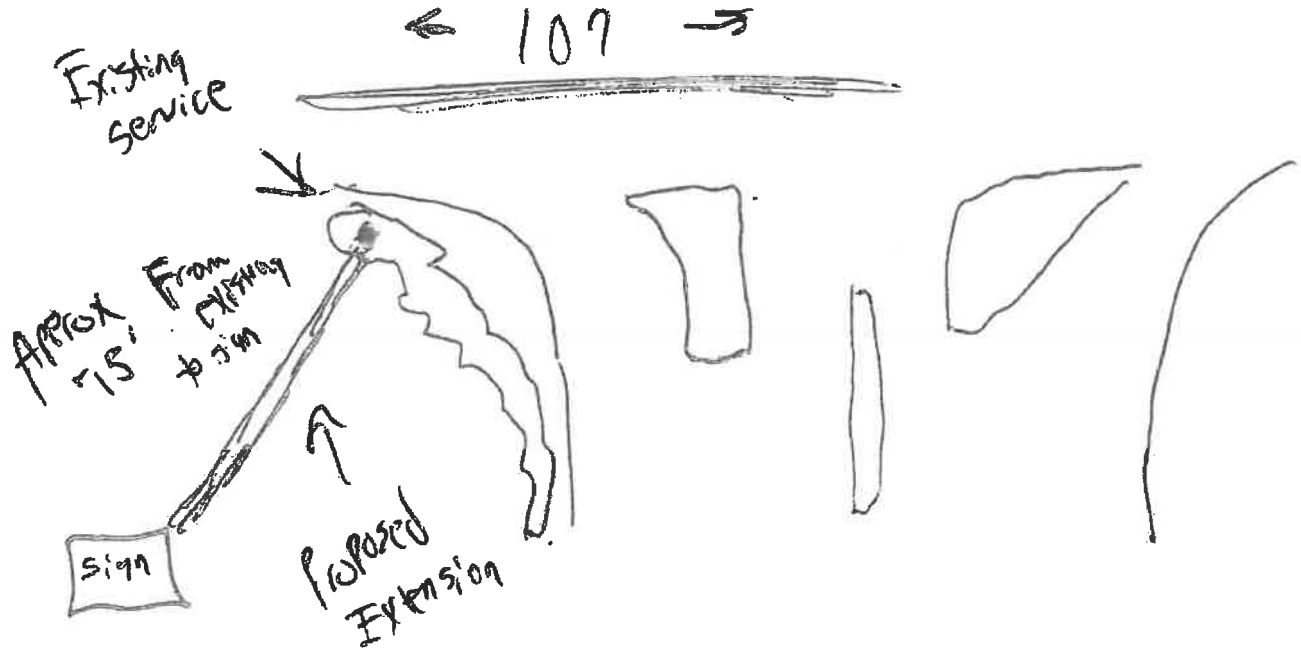


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Service Connection Ties

Address: 319 Route 107

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.



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)

[Signature]
 Water Superintendent

6/9/21
 Date

AMOUNT PAID: 100.00

CASH/CHEQ# _____

DATE RECEIVED 6/8/21

BY as