



**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**

7-3 pm 50.00 Town of Seabrook  
 E-mail WATER @ SEABROOK NH.ORG  
 ENVI-WATER-DEPT.

APPLICANT INFO SAME AS LANDOWNER? ☒ YES ☐ NO

DATE 8/3/21

APPLICANT NAME/CORPORATION <b>ROBERT E. PHELAN</b>		LANDOWNER/BILLING NAME <b>JOHN EICHEL</b>	
APPLICANT ADDRESS <b>152 REED STREET</b>		BILLING ADDRESS <b>31 DUNSHIRE DRIVE</b>	
CITY <b>LEXINGTON, MA</b>	ZIP CODE <b>02421</b>	CITY <b>CHELMSFORD, MA</b>	ZIP CODE <b>01863</b>
E-MAIL ADDRESS OF APPLICANT <b>R.PHELAN@GMAIL.COM</b>		E-MAIL ADDRESS OF LANDOWNER <b>JOHN.EICHEL@GMAIL.COM</b>	

SERVICE ADDRESS: <b>339 ATLANTIC AVENUE</b>		ASSESSOR'S MAP-LOT-SEQ <b>22-16-17</b>	
TYPE OF CONSTRUCTION: (Check All That Apply) <input checked="" type="checkbox"/> NEW CONSTRUCTION <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> CONDO			
MOBILE/MANUFACTURED HOME <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER (Please Describe) _____			
*UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE			

NO. OF STORIES IN BUILDING: <b>2</b>	BUILDING SIZE IN SQUARE FEET: <b>4200</b>	TOTAL PARCEL AREA IN SQUARE FEET: <b>5000</b>
FIRE DEPARTMENT REQUIREMENTS	NONE <input type="checkbox"/> SPRINKLE ALL <input type="checkbox"/>	SPRINKLE GARAGE ONLY <input type="checkbox"/>
FIRE HYDRANTS REQUIRED	NONE <input type="checkbox"/> PUBLIC (NO. OF HYDRANTS _____)	PRIVATE (NO. OF HYDRANTS _____)
IS THERE A WELL ON THE PROPERTY?	YES <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	USING RECYCLED WATER? YES <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>
WILL A PUMP BE USED TO BOOST PRESSURE?	YES - FIRE SERVICE <input type="checkbox"/> YES - DOMESTIC SERVICE <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
WILL THERE BE LANDSCAPE IRRIGATION?	YES <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	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
potable	Residential	-	5.8"	-	-

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING			
BATHROOM:		KITCHEN:	LAUNDRY ROOM:
TUBS/SHOWERS <b>3</b>	JACUZZI TUBS <b>1</b>	DISHWASHERS <b>1</b>	CLOTHES WASHERS <b>1</b>
TUBS ONLY <b>1</b>	TOILETS <b>5</b>	SINKS <b>1</b>	SINKS <b>1</b>
SHOWERS ONLY <b>1</b>	URINALS <b>1</b>		
SINKS <b>1</b>	BIDETS <b>1</b>		
MISC/OTHER:			
HOSE/BBS <b>4</b>			
BAR SINKS <b>1</b>			
POOL (SIZE: _____)			
DESCRIBE: _____			

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

LAND OWNER'S SIGNATURE *John Eichel* DATE **7/20/21**  
 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 \_\_\_\_\_ OFFICER'S NAME & TITLE (PRINT) **Robert E. Phelan**  
 APPLICANT/CORPORATION'S OFFICER SIGNATURE *Robert E. Phelan* DATE **7/27/21**

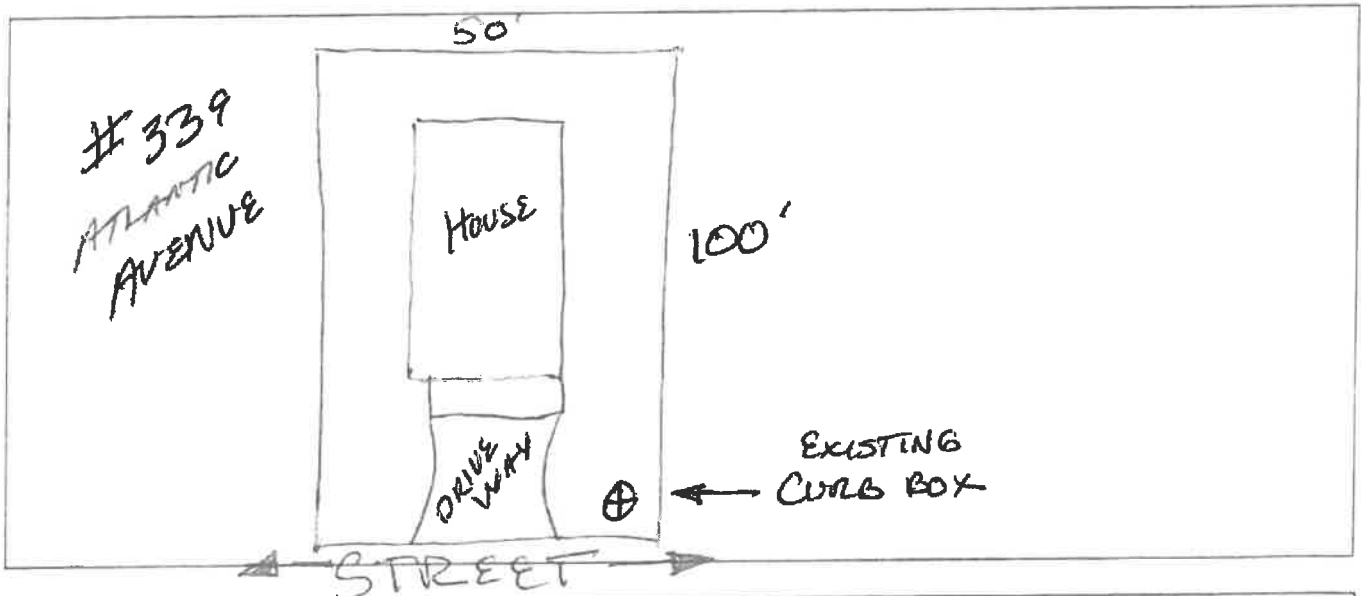


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**Service Connection Ties**

Address: 339 Atlantic Ave.

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)

Water Superintendent

8/10/21

Date

AMOUNT PAID: 100<sup>00</sup>

CASH/CHECK # 106604

8/3/21

BY EW