

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

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SERVICE ADDRESS: TIMBER COURT SERBED DIL DILL	STEPHEN KU APPLICANT ADDRESS GTIMBER CO CITYISTATE SEMBROOK	ULT ZIP CODE WORLD	KIOTHER PHON	E CITY/STATE	SAME		
PREVICES - LIST ALL REQUIRED PROBLEM ON USAGE OF LOT: SERVICES - LIST ALL REQUIRED PRACEL POTABLE OR RECYCLED POTABLE OR RECYCLED POTABLE OR RECYCLED RESIDENTIAL SINGLE FAMILY MULTI-FAMILY RESIDENTIAL SPRINALE AMELLON OF HUTCH PROPERTY? YES NONE PUBLIC (NO. OF HYDRANTS PRINATE	SMRUSZCZ	4 KO GMAHLILUM	W. C.				
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FIRE DEPARTMENT REQUIREMENTS NONE SPRINKLE ALL SPRINKLE GARAGE ONLY FIRE HYDRANTS REQUIRED NONE PUBLIC (NO. OF HYDRANTS USING RECYCLED WATER? YES NO USING RECYCLED WATER? YES NO WILL A PUMP BE USED TO BOOST PRESSURE? WILL THERE BE LANDSCAPE IRRIGATION? FILE SERVICE WILL THERE BE LANDSCAPE IRRIGATION? FLOW OF EACH SPRINKLER HEAD IN GPM: FOR PRESCRIPTIAL, DESCRIBE BUSINESS TYPE OR USAGE OF LOT: SERVICES - LIST ALL REQUIRED PER PARCEL POTABLE OR RECYCLED RESIDENTIAL, FIRE, IRRIGATION, ETC.) SERVICE USE RESIDENTIAL, FIRE, IRRIGATION, ETC.) LATERAL SIZE METER SIZE MAX DEMAND METER INSTALLATION METER INSTALLATION METER INSTALLATION METER INSTALLATION FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING RECYCLED BARS SINKS FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING SHOWERS ONLY TOILETS SINKS SINKS SINKS DESCRIBE: DESCRIBE: DATE DATE TABLE OF HYDRANTS DESCRIBE: DATE TORSON ONLY SINKS DESCRIBE: DATE POOL (SIZE D. M.M.) DESCRIBE: DATE TABLE OF HYDRANTS POOL (SIZE D. M.M.) DATE TABLE OF HYDRANTS POOL (SIZE D. M.M.) DESCRIBE: DATE TABLE OF HYDRANTS POOL (SIZE D. M.M.) DESCRIBE: DATE TABLE OF HYDRANTS POOL (SIZE D. M.M.) DESCRIBE: DATE TABLE OF HYDRANTS POOL (SIZE D. M.M.) DESCRIBE: DATE TABLE OF HYDRANTS POOL (SIZE D. M.M.) DESCRIBE: DATE TABLE OF HYDRANTS POOL (SIZE D. M.M.) DESCRIBE: DATE TABLE OF HYDRANTS POOL (SIZE D. M.M.) DESCRIBE: DATE TABLE OF HYDRANTS POOL (SIZE D. M.M.) DESCRIBE: DATE TABLE OF HYDRANTS POOL (SIZE D. M.M.) DATE TABLE OF HYDRANTS POOL (SIZE D. M.M.)	NO OF STORIES IN RI III DING:	A BUILDING SIZ	ZE IN SQUARE F	EET: 1200	TOTAL PARCE	LAREA IN SQUARE	FEET: 13 ALER
SERVICES - LIST ALL REQUIRED PER PARCEL POTABLE OR RECYCLED SERVICE USE (RESIDENTIAL, FIRE, IRRIBATION, ETC.) LATERAL SIZE METER SIZE MAX DEMAND METER INSTALLATION METER INSTALLATION POTABLE OR RECYCLED (RESIDENTIAL, FIRE, IRRIBATION, ETC.) FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING KITCHEN: LAUNDRY ROOM: TUBS/SHOWERS JACUZZI TUBS DISHWASHERS SINKS DISHWASHERS CLOTHES WASHERS CLOTHES WASHERS POOL (SIZE_20 YHO) DESCRIBE: DATE POOL (SIZE_20 YHO) DESCRIBE: LAND OWNER'S SIGNATURE PALSO: THIS APPLICATION WILL EXPIRE 2 YEARS AFTER APPROVAL BY THE BOARD OF SELECTMEN and THE FEE WILL BE NONREFUNDABLE	FIRE DEPARTMENT REQUIRED FIRE HYDRANTS REQUIRED IS THERE A WELL ON THE PROWILL A PUMP BE USED TO BOWILL THERE BE LANDSCAPE OF EACH SPRINKLER HERE	MENTS NONE NONE NONE OPERTY? YES OST PRESSURE? YES - FIR IRRIGATION? YES IEAD IN GPM: NA	PUBLIC (NO NO IF	YES DOMESTIN	USING RECYCL SERVICE PRINKLER HEADS	PRIVATE (NO. OF H LED WATER? NO	
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LAND OWNER'S SIGNATURE By signing above. I agree I will not hold the South and 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 OFFICE DIS MANE & TITLE (PRINT)	TUBS/SHOWERS 2 TUBS ONLY SHOWERS ONLY	HROOM: JACUZZI TUBS Ø TOILETS & URINALS O	DISHWASHERS	CLOTH	LAUNDRY ROOM:	POOL	HOSEBIBS O BAR SINKS O (SIZE: 20 X 40)
**ALSO: THIS APPLICATION WILL EXPIRE 2 YEARS AFTER APPROVAL BY THE BOARD OF SELECTMENT AND THE FORMAT	LAND OWNER'S SIGNATURE		Anguagible for a	nv damages to (IIV DIS)	erty, which may be in	curred during, or as a s	
OFFICER'S NAME & TITLE (PRINT)	By signing above. I agree I will not **ALSO: THIS APPL	ICATION WILL EXPIRE 2 YEARS	AFTER APPRO	AVE BA THE BONK	OF SELECTMEN	and THE FEE WILL B	BE NONREFUNDABLE
APPLICANT/CORPORATION'S OFFICER SIGNATURE	CORPORATION NAME		0	FFICER'S NAME & T	ITLE (PRINT)		DATE 7/17/20 S

ACCOURT # 107050



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WATER SERVICE APPLICATION

Address: 6 Timber C+
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.
TIMBER CORP PRIVE SHOTOFF WATER HOME LINE
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 Date