

**TOWN OF SEABROOK  
SEWER DEPARTMENT &  
WASTEWATER TREATMENT FACILITY**  
PO BOX 456 • WRIGHT'S ISLAND • SEABROOK, NH 03874  
PHONE (603) 474-8012 • FAX (603) 474-8014



**APPLICATION FOR SEWER SERVICE**

DATE: 8/21/2023

APPLICANT / BUSINESS NAME Mary Hauze  
 SERVICE ADDRESS 14 True Lane  
 MAP 2 LOT 33 SEQ. \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_ IS LOT IN CURRENT USE? Y/N \_\_\_\_\_  
 MAILING ADDRESS PO Box 404 CITY Seabrook STATE NH ZIP 03874  
 PHONE \_\_\_\_\_ CELL (603) 394-5732 EMAIL hauze1@comcast.net  
 PROPERTY OWNER (IF DIFFERENT THAN ABOVE) \_\_\_\_\_ PHONE \_\_\_\_\_

**TYPE OF CONSTRUCTION (CHECK ALL THAT APPLY):**

NEW CONSTRUCTION \_\_\_\_\_ RESIDENTIAL SINGLE-FAMILY  RESIDENTIAL MULTI-FAMILY \_\_\_\_\_  
 CONDO \_\_\_\_\_ MOBILE/MANUFACTURED HOME  COMMERCIAL \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_  
 OTHER (PLEASE DESCRIBE): \_\_\_\_\_

BUILDING SIZE (IN SQUARE FEET) \_\_\_\_\_

COMMENTS (IF APPLICABLE PLEASE LIST NO. OF BUILDINGS AND NO. OF UNITS):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FIXTURE COUNT**

BATHROOM		KITCHEN		LAUNDRY		MISC	
SHOWER/TUB COMBO	<input type="text" value="1"/>	SINKS	<input type="text" value="2"/>	WASHING MACHINE	<input type="text" value="1"/>	HOSEBIBS	<input type="text"/>
BATHTUB	<input type="text"/>	TOILETS	<input type="text" value="2"/>	DISHWASHER	<input type="text" value="1"/>	BAR SINKS	<input type="text"/>
SHOWER	<input type="text" value="1"/>	URINALS	<input type="text"/>	OTHER	<input type="text"/>	POOL (SIZE)	<input type="text"/>
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<input type="text"/>	BIDET	<input type="text"/>				

PROPERTY OWNER SIGNATURE Mary Hauze DATE: 8/21/23  
 APPLICANT / CORPORATION OFFICER SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

CORPORATION NAME: \_\_\_\_\_  
 OFFICERS NAME & TITLE (print) \_\_\_\_\_

I, Mary Hauze agree that I will not hold the Seabrook Sewer Department responsible for any damages to my property, which may be incurred during, or as a result of the sewer service installation.

Mary Hauze  
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$5000 CASH / CHECK # 861 DATE RECEIVED 8-28-23 BY SG.

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**House Service Connection Ties**

Address: 14 True Lane  
Map: 2 Lot: 33 Seq: \_\_\_\_\_

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 water 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. The Town of Seabrook shall inspect and certify the plumbing, including the underground piping (before backfilling), prior to connection to the Town of Seabrook's sewer system.

**--OFFICE USE ONLY--**

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

*Board of Sewer Commissioners*

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

\_\_\_\_\_  
(CHAIRMAN)

[Signature] 8/28/22  
Sewer Superintendent Date

AMOUNT PAID \_\_\_\_\_ CASH / CHECK # \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_

**WATER METER INSTALLATION FORM**

**CUSTOMER INFORMATION**

DATE/TIME: 9/1/05

NAME Fowler MBS# 3169 INSTALLER: Prin<sup>o</sup> - Ed

ADDRESS: 14 True Lane ACCT #: 046 450

TYPE OF OCCUPANCY: RESID COM

METER MANUFACTURER: INVENSYS SN. \_\_\_\_\_ REG NO. \_\_\_\_\_

EXISTING SERVICE PIPE SIZE: \_\_\_\_\_ TYPE OF PIPE \_\_\_\_\_

METER SIZE: \_\_\_\_\_ MXU ID. \_\_\_\_\_ 2-33

Standard Install Y N  $\frac{3}{4}$  #8 DCBF Meter x  $\frac{3}{4}$  CPPJ,  $\frac{5}{8}$ x $\frac{3}{4}$  Meter,  $\frac{3}{4}$  Meter CON x CPPJ

Ball Valve Y N Size \_\_\_\_\_ Handle Y N

$\frac{3}{4}$  Meter x CPPJ CON. QTY \_\_\_\_\_  $\frac{3}{4}$  Meter x MIP QTY \_\_\_\_\_

$\frac{3}{4}$  CXMIP AD \_\_\_\_\_  $\frac{3}{4}$  CXC 90 \_\_\_\_\_  $\frac{3}{4}$  CXFEIP AD \_\_\_\_\_

CHECK VALVE  $\frac{3}{4}$  #8 CPPJ  $\frac{3}{4}$  #7 Horn Other \_\_\_\_\_

K-Horn #1 #2 #3 #4  $\frac{1}{2}$  PIPE COP. \_\_\_\_\_  $\frac{3}{4}$  PIPE \_\_\_\_\_

Pack Joint CP IP  $\frac{1}{2}$   $\frac{3}{4}$  1  $1\frac{1}{4}$  Qty \_\_\_\_\_

Pack Joint CP IP  $\frac{1}{2}$   $\frac{3}{4}$  1  $1\frac{1}{4}$  Qty \_\_\_\_\_

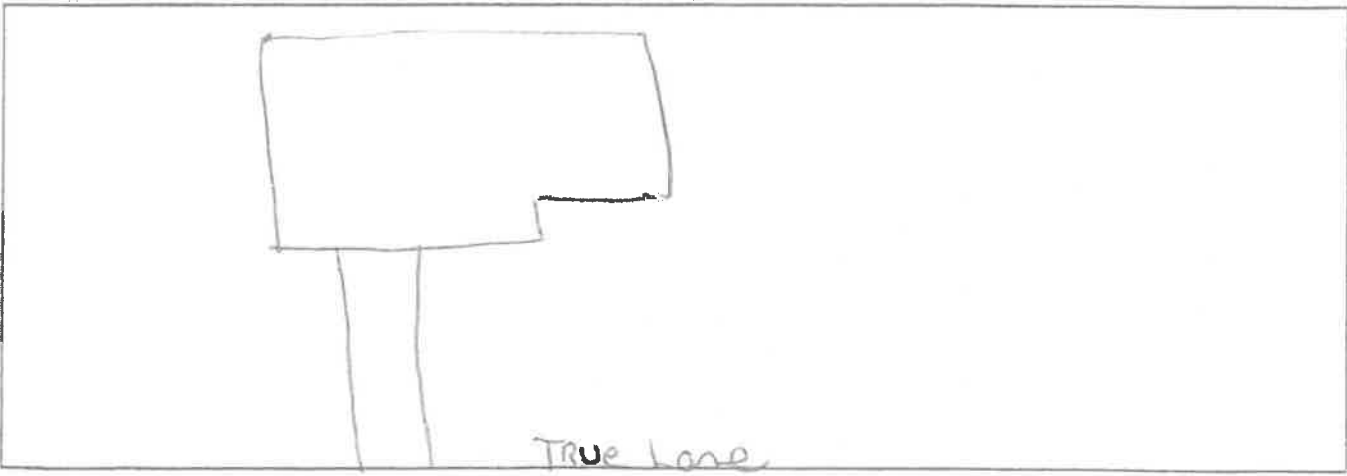
EXP. TANK None 5 12 25 CXF TEE  $\frac{3}{4}$   $1\frac{1}{2}$ x $\frac{3}{4}$

**APPROVALS:**  
CITY: \_\_\_\_\_  
ENGINEER: \_\_\_\_\_  
BILLING: \_\_\_\_\_  
MBS \_\_\_\_\_

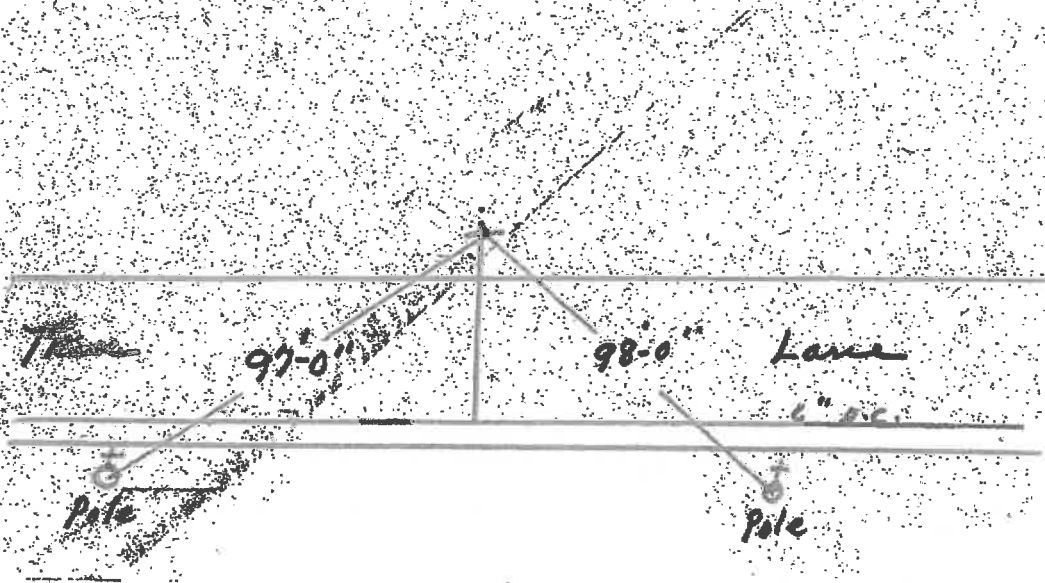
**DISCRIBE WORK PERFORMED AND OTHER PARTS:**

We need the town to turn street valve off.  
Value turns but won't stop the water

**SKETCH (LOCATE METER, MXU, STREET, DRIVEWAY)**



# 14



NAME <i>Dow F E + Rose</i>	LOT NO. <i>14</i>
ADDRESS <i>True Lane</i>	BLOCK NO.
	SEC. NO.
LOCATION OF PROPERTY	ASSESSMENTS
TRANSFERRED FROM DATE	LOT
TRANSFERRED TO DATE	COTTAGE <i>✓</i>
	OTHER
BOOK	PAGE
	TOTAL