

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: 11-16-23

APPLICANT BUSINESS NAME ARCO EXCAVATORS, INC.

SERVICE ADDRESS 123 OCEAN DR.

MAP 20 LOT 12 SEQ. 13 ZONING DISTRICT \_\_\_\_\_ IS LOT IN CURRENT USE? Y

MAILING ADDRESS 7 PREVERE RD CITY RAYMOND STATE NH ZIP 03077

PHONE (603) 895-0111 CHIEF KYLE OFFICE (970) 846-6244 ARCOLIZ@COMCAST.NET

PROJECT MANAGER JOAN PENNACE PHONE \_\_\_\_\_

TYPE OF CONSTRUCTION REPAIR

NEW CONSTRUCTION  RESIDENTIAL SINGLE-FAMILY  RESIDENTIAL MULTIFAMILY

COMMERCIAL  MANUFACTURING  INDUSTRIAL  PUBLIC  OTHER

OTHER

BUILDING SIZE (sq. ft.) \_\_\_\_\_

COMMENTS \_\_\_\_\_

**REPAIRING A SAG IN THE LINE.**

**FIXTURE COUNT**

BATHROOM	KITCHEN	LAUNDRY	MISC.
TOILETS	SINKS	WASHING MACHINES	HUBBLES
BATHS	DISHWASHER	SINKS	BAR SINKS
SINKS	OTHER	OTHER	POOL (SIZE)
OTHER (BY TYPE)			
OTHER (BY TYPE)			

PROPERTY OWNER SIGNATURE

*Joan Pennace*

DATE:

AGENT SIGNATURE

*W T*

DATE: 11-16-23

BUSINESS NAME ARCO EXCAVATORS, INC.

AGENT NAME & TITLE WILLIAM T. SAWYER, PRESIDENT

I, JOAN PENNACE

Property Owner (print)

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.

*Joan Pennace*  
 Property Owner or Agent with Power of Attorney (Signature)

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**House Service Connection Ties**

Address: 123 Ocean Dr Seabrook, N.H.

Map: \_\_\_\_\_

Lot: \_\_\_\_\_

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:

See attached supporting documents:

- ① original inspectors sketch notes
- ② Arco repair estimate
- ③ Roto roter bill for line investigation

**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)

  
Sewer Superintendent

12/11/27  
Date

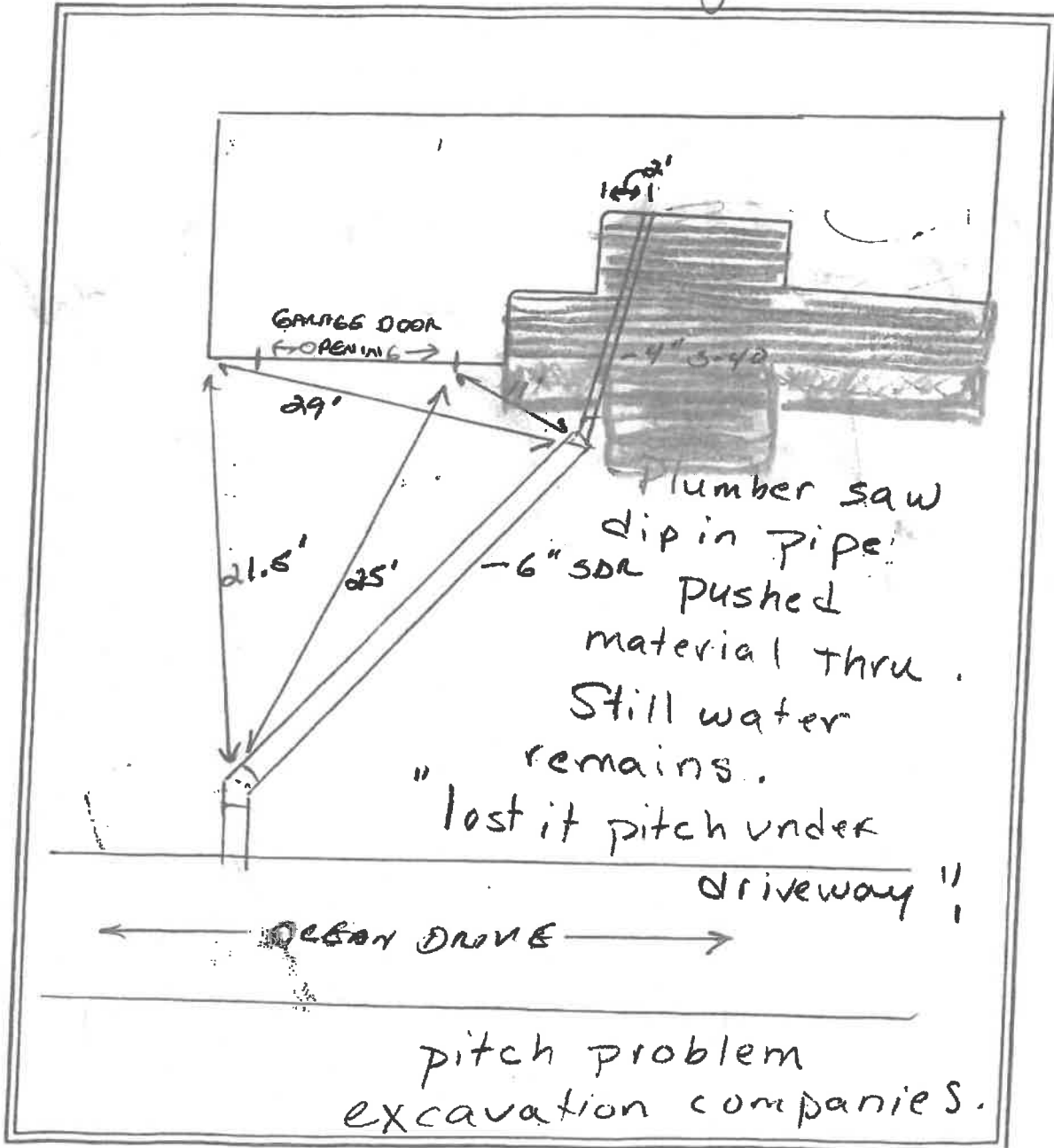
AMOUNT PAID 30.00 CASH / CHECK # 165 DATE RECEIVED 12-11-23 BY SL

INSPECTOR'S SKETCH OF SEWER LATERALS

DATE: 3-18-14 MAP: \_\_\_\_\_ LOT: \_\_\_\_\_ SEQ: \_\_\_\_\_

ADDRESS: 123 OCEAN DRIVE

INSPECTOR'S SIGNATURE: B. Murphy



NAME OF STREET

all 4"