



**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**

APPLICANT INFO SAME AS LANDOWNER?  YES  NO DATE: 7/22/24

APPLICANT NAME/CORPORATION <u>Dwight + Marcee Souther</u>		LANDOWNER/BILLING NAME <u>Dwight Souther sr.</u>	
APPLICANT ADDRESS <u>41 Walton Rd</u>		BILLING ADDRESS <u>41 Walton Rd</u>	HOME/WORK PHONE <u>603-944-0424</u>
CITY/STATE <u>Seabrook NH</u>	ZIP CODE <u>03874</u>	WORK/OTHER PHONE <u>603 918 9088</u>	ZIP CODE <u>03874</u>
E-MAIL ADDRESS OF APPLICANT <u>Marcelinehan@aol.com</u>		E-MAIL ADDRESS OF LANDOWNER	

SERVICE ADDRESS: 41 Walton Rd Seabrook NH 03874 Rear ASSESSOR'S MAP-LOT-SEQ: 10-33

TYPE OF CONSTRUCTION: (Check All That Apply)  NEW CONSTRUCTION  RESIDENTIAL  SINGLE FAMILY  MULTI-FAMILY  CONDO

MOBILE/MANUFACTURED HOME  COMMERCIAL  INDUSTRIAL (Please Describe) Line Replacement

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

NO. OF STORIES IN BUILDING: 1 BUILDING SIZE IN SQUARE FEET: 1904 TOTAL PARCEL AREA IN SQUARE FEET: \_\_\_\_\_

FIRE DEPARTMENT REQUIREMENTS  NONE  SPRINKLE ALL  SPRINKLE GARAGE ONLY

FIRE HYDRANTS REQUIRED  NONE  PUBLIC (NO. OF HYDRANTS \_\_\_\_\_) PRIVATE (NO. OF HYDRANTS \_\_\_\_\_)

IS THERE A WELL ON THE PROPERTY? YES  NO  USING RECYCLED WATER? YES  NO

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

WILL THERE BE LANDSCAPE IRRIGATION? YES  NO  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	<u>280 Feet</u>	<u>5/8"</u>		

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:		KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:			
TUBS/SHOWERS	<u>1</u>	JACUZZI TUBS	<u>0</u>	DISHWASHERS	<u>1</u>	CLOTHES WASHERS	<u>1</u>	HOSEBIBS	<u>1</u>
TUBS ONLY	<u>0</u>	TOILETS	<u>2</u>	SINKS	<u>1</u>	SINKS	<u>1</u>	BAR SINKS	<u>0</u>
SHOWERS ONLY	<u>1</u>	URINALS	<u>0</u>		<u>0</u>		<u>0</u>	POOL (SIZE: _____)	<u>0</u>
SINKS	<u>3</u>	BIDETS	<u>0</u>		<u>0</u>		<u>0</u>	DESCRIBE:	<u>0</u>

LAND OWNER'S SIGNATURE Dwight Souther sr. DATE 7/22/24  
 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) \_\_\_\_\_  
 APPLICANT/CORPORATION'S OFFICER SIGNATURE Marceline Han DATE 7/22/24

ACCOUNT # 162560

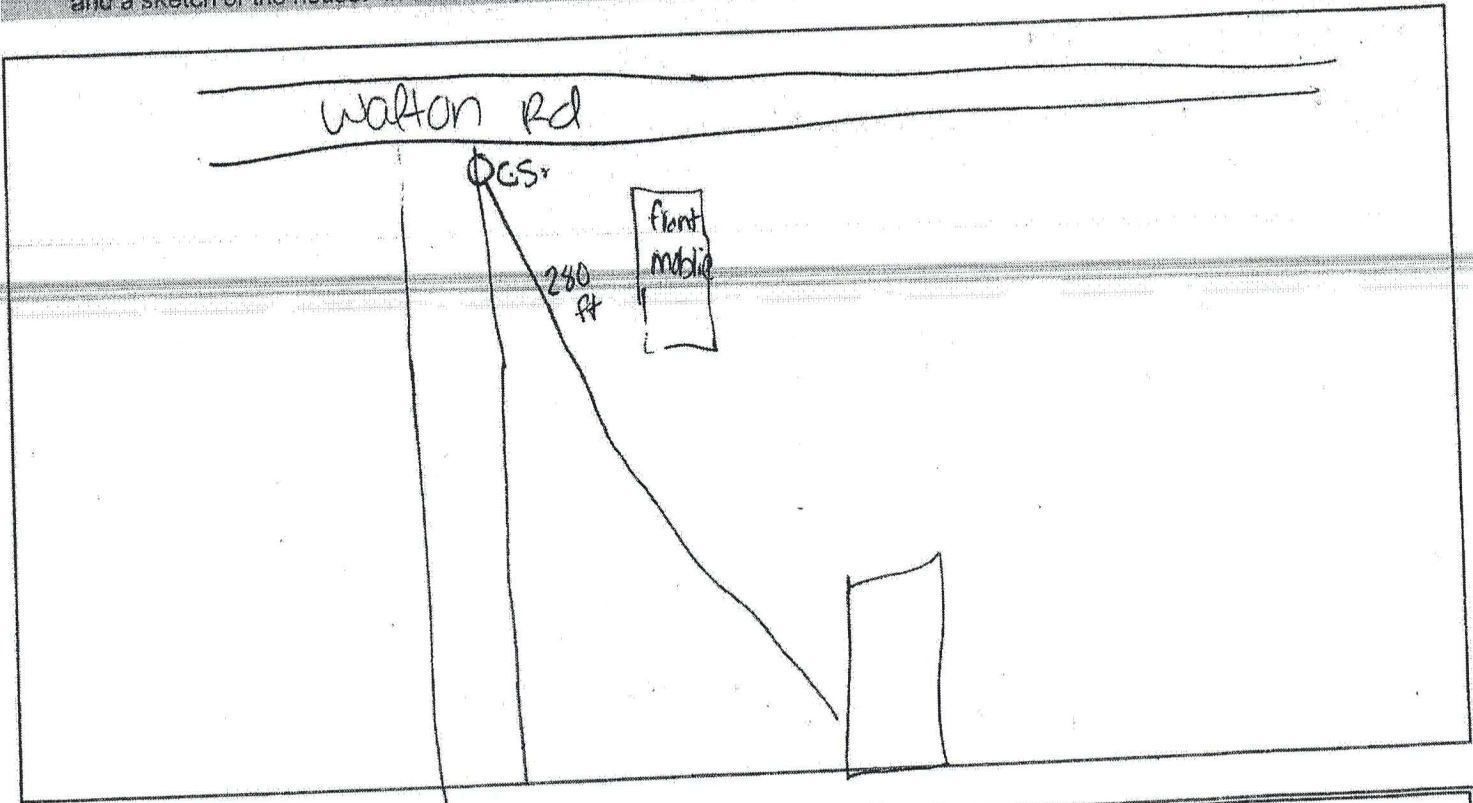


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**WATER SERVICE APPLICATION**

**Service Connection Ties**

Address: 41 Walton Rd - Rear

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)

*[Signature]*  
 Water Superintendent

7/25/24  
 Date

AMOUNT PAID: \$100.00

CASH/CHECK # 530001060

DATE RECEIVED

7/25/24

*[Signature]*