



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: 12/13/2024

APPLICANT NAME/CORPORATION Derek Wessel			LANDOWNER/BILLING NAME Derek Wessel		
APPLICANT ADDRESS 80 Ocean Blvd		HOME/WORK PHONE 9788091616	BILLING ADDRESS 281 Main Street		HOME/WORK PHONE 9788091616
CITY/STATE Seabrook, NH	ZIP CODE 03874	WORK/OTHER PHONE	CITY/STATE N. Andover, MA	ZIP CODE 01845	WORK/OTHER PHONE
E-MAIL ADDRESS OF APPLICANT derekwessel@comcast.net			E-MAIL ADDRESS OF LANDOWNER derekwessel@comcast.net		

SERVICE ADDRESS: 80 Ocean Blvd, Seabrook, NH 03874	ASSESSOR'S MAP-LOT-SEQ 22 3 5
TYPE OF CONSTRUCTION (Check All That Apply)	
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> RESIDENTIAL
<input type="checkbox"/> MOBILE/MANUFACTURED HOME	<input checked="" type="checkbox"/> SINGLE FAMILY
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> MULTI-FAMILY
<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> CONDO
(Please Describe) <u>Line Replacement</u> *UNDER 'ADDITIONAL COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING, IF APPLICABLE	

NO. OF STORIES IN BUILDING: 2	BUILDING SIZE IN SQUARE FEET: 2,240	TOTAL PARCEL AREA IN SQUARE FEET: 4,792
FIRE DEPARTMENT REQUIREMENTS	<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> SPRINKLE ALL
FIRE HYDRANTS REQUIRED	<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> SPRINKLE GARAGE ONLY
IS THERE A WELL ON THE PROPERTY?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	USING RECYCLED WATER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
WILL A PUMP BE USED TO BOOST PRESSURE?	YES - FIRE SERVICE <input type="checkbox"/> YES - DOMESTIC SERVICE <input checked="" type="checkbox"/>	
WILL THERE BE LANDSCAPE IRRIGATION?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	IF YES, NUMBER OF SPRINKLER HEADS: 8
FLOW OF EACH SPRINKLER HEAD IN GPM: 4		TOTAL IRRIGATED AREA IN SQUARE FEET: 2000
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:		MISC/OTHER:	
TUBS/SHOWERS	1	DISHWASHERS	1	CLOTHES WASHERS	1	HOSEBIBS	3
TUBS ONLY		SINKS	1	SINKS		BAR SINKS	
SHOWERS ONLY	2					POOL (SIZE: _____)	
SINKS	6					DESCRIBE:	
JACUZZI TUBS							
TOILETS	4						
URINALS							
BIDETS							

This application is furnished so the homeowner can replace the iron water service line connecting the existing home to the Town's water line. The plan is to replace the line with plastic.

LAND OWNER'S SIGNATURE Derek Wessel DATE 12/13/24

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 DATE

ACCOUNT # 142900



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Service Connection Ties

Address: 80 Ocean Blvd, Seabrook, NH 03874

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.

See the attached site plan which includes the approximate location of the existing water and sewer line in red. The line is approximately 35 feet long.

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

12/13/24
Date

AMOUNT PAID _____

CASH/CHECK # _____

DATE RECEIVED _____

BY _____

