

HYDRANT FLOW TEST APPLICATION-SEABROOK NH
Seabrook Water Department, PO Box 456, Seabrook, NH (603) 474-9921

DATE: 9-8-2025

FEE: \$50.00 *pd ✓ #1588*

HYDRANT FLOW TEST LOCATION: WOODWORKERS WAY
(Street Name/Number if applicable)

MAP: _____ LOT: _____ SEQ: _____ DATE/TIME OF TEST: 9-9-2025 8:00 AM

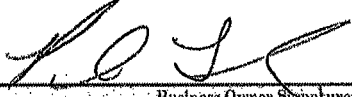
APPLICANT'S NAME: JIM LARIVIERE Email: JLARIVIERE@HILLER COMPANIES.COM

BUSINESS NAME: SEABROOK MEDICAL

MAILING ADDRESS: 15 WOOD WORKERS WAY

CONTACT NAME: PAUL LUD PHONE #: 603-474-1919 EXT 152

NOTE: PLEASE ATTACH A COPY OF YOUR CERTIFICATE OF INSURANCE

I:  agree, I will not hold the Seabrook Water Department responsible for any damages to property, which may be incurred during, or as the results of this hydrant flow test.

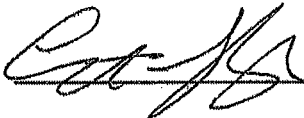
Business Owner Signature

PAYMENT OF \$50.00 BY CHECK PAYABLE TO 'TOWN OF SEABROOK' MUST ACCOMPANY THIS APPLICATION

Call Curtis Slayton, Water Superintendent at (603) 474-9921 to set up your appointment.

Please send or fax (603) 474-3399, the hydrant flow results to this office. Thank you.

Please do not write below this line - office use only

RECOMMENDATION OF WATER SUPERINTENDENT:  9/8/25

Date

BOARD OF WATER COMMISSIONERS:

REASON FOR DENIAL: _____

Chairperson of the Board

DATE APPROVED: _____
