HYDRANT FLOW TEST APPLICATION-SEABROOK NH

Please bring completed application and $50.00 fee to the water office, or mail to:
Seabrook Water Department, 550 Rte 107, PO Box 456, Seabrook, NH 03874 (603) 474-9921

DATE: 10/2/25

FEE: _____

HYDRANT FLOW TEST LOCATION: 240 Lafayette Rd, Seabrook, NH
(Street Name/Number if applicable)

MAP: _____ LOT: _____ SEQ: _____ DATE/TIME OF TEST: _____

APPLICANT'S NAME: Treena Wade/Daryl Reddick Email: twade@telgian.com / dreddick@telgian.com

BUSINESS NAME: Telgian Engineering and Consulting

MAILING ADDRESS: 900 Circle 75 Pkwy SE, Suite 680, Atlanta, GA 30339

CONTACT NAME: Treena Wade PHONE #: 480-292-8041

NOTE: PLEASE ATTACH A COPY OF YOUR CERTIFICATE OF INSURANCE

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I, _____ agree, I will not hold the Seabrook Water Department
Business Owner Signature

responsible for any damages to property, which may be incurred during, or as the results of this hydrant flow test.

CHECK PAYABLE TO 'SEABROOK WATER DEPARTMENT' MUST ACCOMPANY THIS APPLICATION

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

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Please do not write below this line - office use only

RECOMMENDATION OF WATER SUPERINTENDENT: _____ 10/13/25
Date

BOARD OF WATER COMMISSIONERS:

REASON FOR DENIAL: _____ _____
Chairperson of the Board

_____ _____

DATE APPROVED: _____ _____