TOWN OF SEABROOK PUBLIC WATER SYSTEM

150 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: 10 / 6 / 25

APPLICANT NAME/CORPORATION	Russell Eaton Sr		LANDOWNER/BILLING NAME		
APPLICANT ADDRESS	44A Daws Lane	HOME/WORK PHONE	BILLING ADDRESS		HOME/WORK PHONE
CITY/STATE	Seabrook NH	ZIP CODE / WORK/OTHER PHONE	CITY/STATE	ZIP CODE	WORK/OTHER PHONE
		6032341364			
E-MAIL ADDRESS OF APPLICANT	Rusty eaton jr @Yahoo.com		E-MAIL ADDRESS OF LANDOWNER		

SERVICE ADDRESS: 44A Daws Lane ASSESSOR'S MAP-LOT-SEQ: 12-9-1

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

(MOBILE/MANUFACTURED HOME) COMMERCIAL INDUSTRIAL (Please Describe) Double wide trailer/new line

*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: 1200 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	-	5/8"	-	-

FIXTURE UNIT COUNT - COMPLETE THE QUANTITY OF THE FOLLOWING

BATHROOM:				KITCHEN:		LAUNDRY ROOM:		MISC/OTHER:	
TUBS/SHOWERS	1	JACUZZI TUBS		DISHWASHERS		CLOTHES WASHERS	1	HOSEBIBS	
TUBS ONLY	1	TOILETS	2	SINKS	1	SINKS		BAR SINKS	
SHOWERS ONLY	1	URINALS				# OF BEDROOMS:	3	POOL (SIZE:)	
SINKS	3	BIDETS						DESCRIBE:	

LAND OWNER'S SIGNATURE Russell Eaton DATE 10-6-25

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 # 051760

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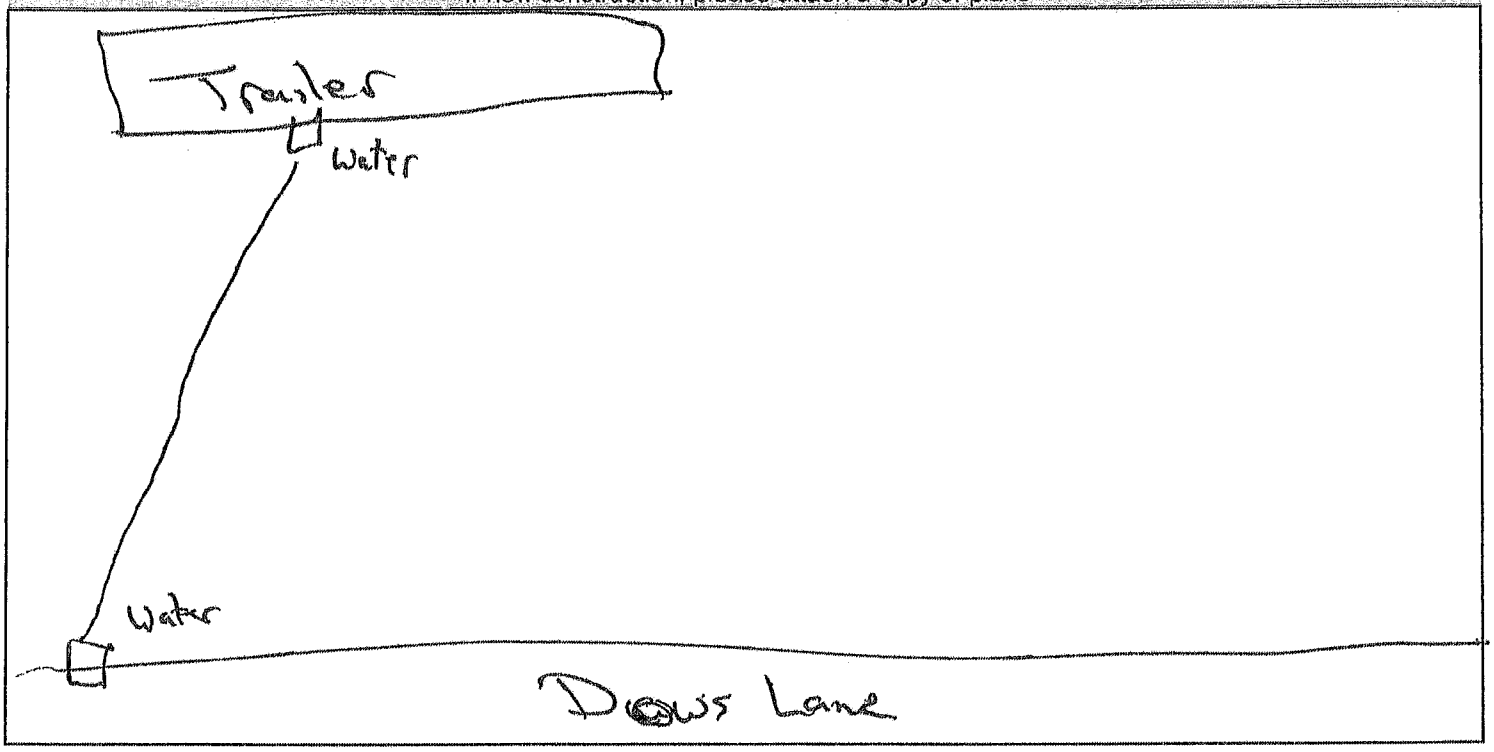
WATER SERVICE APPLICATION

Service Connection Ties

Address: 44 A Daws Lane

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.
If new construction, please attach a copy of plans



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)

10/7/25 _____
Water Superintendent *Date* _____

AMOUNT PAID: $100 CASH/CHECK #: DATE RECEIVED: 10/6/25 BY: MS