

HYDRANT FLOW TEST APPLICATION-SEABROOK NH

Seabrook Water Department, PO Box 456, Seabrook, NH (603) 474-9921

DATE: _____

FEE: _____

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

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

APPLICANT'S NAME: _____

BUSINESS NAME: _____

MAILING ADDRESS: _____

CONTACT NAME: _____ PHONE #: _____

NOTE: PLEASE ATTACH A COPY OF YOUR CERTIFICATE OF INSURANCE

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.

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

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

Please send or fax (603) 474-5942, the hydrant flow results to this office. Thank you.

Please do not write below this line - office use only

RECOMMENDATION OF WATER SUPERINTENDENT: _____
Date

BOARD OF WATER COMMISSIONERS:

REASON FOR DENIAL: _____
Chairperson of the Board

DATE APPROVED: _____