

**FIRE FLOW TEST and HYDRAULIC BOUNDARY CONDITIONS REQUEST FORM**

(The average processing time for this request runs between 2 to 4 weeks from the date received by EMWD)



Date: \_\_\_\_\_

- Single-Lot Residential Fire Sprinkler System \$ 155 Fee
  - Fire Hydrant Letter, Proximity and Location \$ 155 Fee
  - 2 Hour Fire Flow Test \$ 155 Fee
  - 3-4 Hour Fire Flow Test \$ 1,200 Deposit (Based on actual cost)
  - 2 Hour Fire Flow Test AND HBC <sup>(1)</sup> \$ 155 Fee
  - 3-4 Hour Fire Flow Test AND HBC <sup>(1)</sup> \$1,200 Deposit (Based on actual cost)
- (1) Hydraulic Boundary Conditions, provide available min. and max. pressures, in conjunction with processing a Plan Of Service

Only 1 fee applies when requesting both a Residential Fire Sprinkler System test and either a Fire Hydrant Letter or a 2 hour Fire Flow Test on the same application.

(For returning projects, have project Fire Flow Requirements changed?) Yes  (must request a new test, above)  
 No  (may request a re-issuance, below)

Re-issuance of an expired test \$ 155 Fee (limited to tests issued within the past 18 months) Customer to provide a copy of expired test report

Customer Name: \_\_\_\_\_  
 Contact Name (if applicable): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Mailing and Contact information is for  Customer  Contact

Assessor's Parcel Number (APN): _____	Hydrant(s), Gallons per Minute (GPM): _____
Tract or Parcel Map Number: _____	Duration (Hours): _____
Project Name: _____	* Number of Hydrants: _____
	* Location of Hydrant(s) <u>OR</u> _____
Project Address: _____	Points of Connection: _____
	<b>Fire Hydrant Closest in Proximity: (Yes/No)</b> _____
City: _____	<b>Per County Requirements</b> (initial) _____
State: _____	Project Average Day Demand (GPM): _____
Zip: _____	Fire Sprinkler System (GPM): _____
Project Type: <input type="checkbox"/> Residential Single Lot <input type="checkbox"/> Tract <input type="checkbox"/> School <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial	<b>AT RISK (initial)</b> _____
	<b>PRINT NAME:</b> _____

- An incomplete application will not be accepted.
- ★ Customer must submit a plan showing the project location, proposed point(s) of connection(s), pipe sizes, and test(s) location(s).
- To avoid potential delays during the **Application For Service (AFS)** process, customer shall confirm AGENCY REQUIREMENTS, by attaching the project's "Conditions of Approval" or Fire Flow Verification Form, received from the Fire Department or the City/County. These requirements list the gallons per minute (GPM), the duration (in hours) required for the fire flow test, and the required distance to the nearest hydrant.
- If formal Fire Flow requirements cannot be provided at time of request, please sign the AT RISK space above, with the understanding that the test will be stamped as a "**DRAFT-Pending Formal Fire Agency Conditions**". In the future, a **Final** test can be re-issued once the Agency Conditions are received from the customer and do not differ from the original application. If Agency Conditions differ, then customer is required to submit a new application and the cost of re-testing shall be at the customer's expense. This may cause AFS delays.
- EMWD'S Fire Flow test results are valid for six (6) months from the date of testing.

By signing this form, the undersigned affirms he or she has been advised of both the cost of the service requested (including the Cost of retesting for changed assumptions), and the time required to complete this request.

\_\_\_\_\_ Customer Signature \_\_\_\_\_ Date

**OFFICE USE ONLY**

Date Form Received: \_\_\_\_\_ Date Payment Received: \_\_\_\_\_ Date of Complete Submittal: \_\_\_\_\_ Date To Engineer: \_\_\_\_\_

Comments: \_\_\_\_\_