

# SOUTHINGTON WATER DEPARTMENT

## Pump and Hydrant Flow Test Request Form

Company Requesting Test \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Requested Test Date \_\_\_\_\_ Location of Test \_\_\_\_\_

Reason for Test \_\_\_\_\_

Approximate GPM Needed For Test \_\_\_\_\_ Approximate Length of Test \_\_\_\_\_

I hereby verify that I read and fully understand the following information, and that the information provided above is correct. Our Company is responsible for repairing any and all damages resulting from test and our company will also arrange for treatment of roads by State or Town Highway Departments for any ice that may result from test.

A representative from SWD must be present during the operation of private fire hydrants and/or gate valves. SWD hydrants and gate valves can only be operated by Southington Water Department personnel.

**A COPY OF THE REPORT THAT INCLUDES THE TEST RESULTS MUST BE PROVIDED TO THE SOUTHINGTON WATER DEPARTMENT FOLLOWING THE TEST.**

Print Name \_\_\_\_\_ Sign Name \_\_\_\_\_

Title \_\_\_\_\_ Company (if different from above) \_\_\_\_\_

### BELOW FOR WATER DEPARTMENT USE ONLY

Approved Date \_\_\_\_\_ Approved Time \_\_\_\_\_ Max GPM Allowed \_\_\_\_\_ Initials \_\_\_\_\_

Hydrants Approved for use \_\_\_\_\_

Flow Hydrant Location \_\_\_\_\_

Residual Hydrant Location \_\_\_\_\_

Does Southington Water Department need to be present for test? YES NO Initials \_\_\_\_\_

Amount of payment required \_\_\_\_\_ Date of payment \_\_\_\_\_ Cash Check Check # \_\_\_\_\_

Department Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Work Order # \_\_\_\_\_ Final approval by: (print) \_\_\_\_\_

Date \_\_\_\_\_ (sign) \_\_\_\_\_