



ST. JOHNS COUNTY UTILITY DEPARTMENT
Fire Flow Test Request

POINT OF CONTACT

Date: _____

Name: _____ Company: _____

Address: _____ City/State/Zip: _____

E-mail: _____ Phone: _____

Project: _____ EOR Full Name: _____

EOR Notes (if any): _____

HYDRANT INFORMATION

Map with Hydrant Locations attached

Link to iMap (select fire hydrant layer): <https://www.gis.sjcfl.us/Html5Viewer/index.html?viewer=iMap>

Address and Parcel ID of Flow Test: _____

Hydrant Number (Flow): _____ Hydrant Number (Residual): _____

Requested Time/Date: _____ Requested Time/Date (Secondary): _____

NOTE: Fire flow test to be conducted only by licensed personnel. SJCUD Inspectors will only witness and shall not be expected to perform the test.

ADDITIONAL INFORMATION - Upon completion, e-mail to: fireflowrequests@sjcfl.us. **Allow a minimum of five (5) business days for a response.** Upon receipt of fire flow test results, please email to: fireflowrequests@sjcfl.us.

Utilities

1205 State Road 16, St. Augustine, FL 32084
904.209.2700 | sjcfl.us