



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 Phone Number: _____	EOR Notes (if any): _____

HYDRANT INFORMATION

Map with Hydrant Locations attachedLink to iMap (select fire hydrant layer):
<https://www.gis.sjcf.us/Html5Viewer/index.html?viewer=iMap>

Address and Parcel ID of Flow Test: _____

Flow Hydrant Number: _____ Residual Hydrant Number: _____

Flow Hydrant (Public or Private): _____ Residual Hydrant (Public or Private): _____

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

Fire flow tests to only be performed between the hours of 10 am and 4 pm.

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@sjcf.us. **Allow a minimum of five (5) business days for a response.** Upon receipt of fire flow test results, please email to: fireflowrequests@sjcf.us.

SJCUD Staff Use Only:

Static (psi): _____
Residual (psi): _____
Pitot (psi): _____
Recorded flow (gpm): _____

Test Start Time: _____
Test Stop Time: _____
Total Test Duration: _____
WTP Service Area: _____