



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 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: _____

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@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.

SJCUD Staff Use Only:

Static (psi): _____	Test Start Time: _____
Residual (psi): _____	Test Stop Time: _____
Pitot (psi): _____	Total Test Duration: _____
Recorded flow (gpm): _____	WTP Service Area: _____

Utilities

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

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