



FIRE HYDRANT FLOW TEST PERMIT APPLICATION

DATE : _____

TEST LOCATION :

Site Name : _____

Site Address : _____

City, State, ZIP : _____

THIS TEST IS BEING PERFORMED FOR :

Contact Name : _____

Contact Phone : (____) _____ Email : _____

Company Name: _____

Mailing Address : _____

City, State, ZIP : _____

Company Phone :(____) _____

THIS TEST IS BEING PERFORMED BY :

Contact Name : _____

Contact Phone : (____) _____ Email : _____

Company Name: _____

Mailing Address : _____

City, State, ZIP : _____

Company Phone :(____) _____

PURPOSE OF TEST :

In consideration of granting this permit, please understand the following:

1. All permit fees must be paid in accordance with the rate schedule established by the county.
2. This permit applies to a single flow test located at the permitted site.
3. A copy of the test results must be sent to Lake County Public Works within 15 working days from the date of the test.
4. The County will not be held liable for any damage that occurs as a result of this flow test.
5. Flow tests will not occur once the temperature drops below 39° Fahrenheit.
6. The County reserves the right to schedule and/or re-schedule flow tests.
7. The County will only operate the hydrants and valves and witness each test.
8. The Tester shall provide their own test equipment (pressure gauges and pitot tube).