

ADMINISTRATION | ENGINEERING

501 E LEMON STREET W-ADMN/ENG LAKELAND, FL 33801-5079 863.834.8316 | Fax 863.834.6274 www.lakelandgov.net/water WaterUtilityQuestions@lakelandgov.net

Instructions for Hydrant Flow Test Request

1. Requests must include project location, a brief explanation of project, the utility design plan (if available), and for each test the specific hydrant to be tested/flown as well as a second hydrant or backflow preventer to be used for residual pressure readings.

If needed, the City's hydraulic engineer can offer hydrant recommendations based on the information provided.

- 2. Requests can be mailed or emailed to above address.
- 3. The current test fees are valid through September 30, 2022 and are payable per check or money order to "City of Lakeland" at the above address. If credit card payment is preferred (subject to \$2.75 fee upon payment) an invoice with payment instructions will be sent to the email address provided on completed and signed Hydrant Flow Test Request.
 - Test fee inside city limits \$317.27
 - Test fee outside city limits \$396.57

Please check this web map if unsure whether your location is inside or outside city limits. https://lakelandflorida.maps.arcgis.com/apps/Viewer/index.html?appid=3cc3fd68df684e5e9ccc03c5d2ad3f0a

Payment of test fees must be received <u>PRIOR</u> to the flow test being performed.

- 4. Hydrant Flow Tests must be performed by COL Water Distribution and cannot be performed by outside parties.
- 5. Test results will be sent to the email address provided on Hydrant Flow Test Request.

Note:

The City provides test data for previously performed hydrant tests at no charge. Please contact the Water Engineering Department at the above number to inquire if data is available.

Please note that not all City hydrants have flow test data and that the fire department may require more recent test data.

PUBLIC RECORDS NOTICE:



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Hydrant Flow Test Request

REQUEST BY:	
COMPANY:	DATE:
EMAIL:	TOTAL PAGES:

PROJECT LOCATION (address/ parcel ID):

Please identify which hydrant you would like to have tested by completing the requested information below and return this form with corresponding payment to above address. Allow fifteen (15) working days for scheduling and completion of requested flow test(s).

	TEST (FLOW) HYDRANT (Hydrant Number)	LOCATION for static & residual PRESSURE READINGS (Hydrant Number or BFP Location)	CITY LIMITS (In/Out)
Test 1			
Test 2			
Test 3			
* Flow and Static/Residual Readings may be taken from different hydrants or hose bib due to field conditions.			

dings may be taken from differe nt hydra

COMMENTS: _____

I understand the City of Lakeland personnel will test the hydrant, t	but I would like to have someone present to
witness this testing.	

Please contact me at to schedule test time and date.

I prefer to pay the testing fees per credit card and agree that a \$2.75 fee will be assessed upon payment. An invoice with payment instructions will be sent to the email address provided above. The billing address is as follows.

STREET	

CITY

- --

STATE

ZIP CODE

I hereby request the above indicated hydrant(s) to be flow tested. I understand there is a standard fee per hydrant flow test and agree to remit payment for the fee(s) **PRIOR** to test(s) being scheduled.

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NAME:	 JOB TITLE:	
SIGNED:	 PHONE:	

PUBLIC RECORDS NOTICE: