

Emergency Prevention Division



Travis County Emergency Services District 9

1301 S. Capital of Texas Highway, Suite B-123, West Lake Hills, TX 78746

Mailing Address: P. O. Box 162170, Austin, TX 78716-2170

Headquarters: (512) 539-3400 Fax: (512) 327-2780

www.westlakefd.org

Request for Flow Testing of Hydrants

Date of Request: _____ ESD Area: ESD # 9

IMPORTANT INFORMATION - PLEASE READ

The Emergency Prevention Division will provide test results for the location listed on this form. *There may be a \$100.00 fee for conducting this test.* It is the requesting party's responsibility to ensure that the information is appropriate to the location of your project. If available, we will provide you with information on file up to three years from the date requested. No fee will be charged for pulling records from files. Information provided is an indication of the water supply characteristics in the immediate area on the date and time noted. The Emergency Prevention Division does not guarantee that this data will be representative of the water supply characteristics at any time in the future. Please supply an 8 1/2 x 11 copy of the area needing to be tested with the water lines and hydrants shown and designate the hydrants that are to be used.

Requesting Company Information

Company Name: _____

Company Address: _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Project Information

Project Name: _____

Project Address: _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Purpose for Testing: Sprinkler / Standpipe System Required Fire Flow

Requested Flow Test Location

Hydrant Number: _____ Main Size: _____ Dead End Main? Yes No Unk

Hydrant Address: _____

Block # _____ Dir _____ Street Name _____ Type _____

Cross Street: _____

Use only if close to hydrant Block # _____ Dir _____ Street Name _____ Type _____

Hydrant Location (if other than street address): _____

Special Instructions (if needed): _____

Printed Name of Applicant _____ Signature of Applicant _____ Date _____

Emergency Prevention Division Use Only

Date Received: _____ Date Completed: _____ Completed By: _____ Date Returned: _____

Fee Due: _____ Amount Paid: _____ Check Number: _____ Date: _____

Comments: _____