

FIRE HYDRANT FLOW TEST REQUEST

Engineering Department
810 By-Pass 225 S
Greenwood, SC 29646
Telephone: (864) 942-8100
Fax: (864) 942-8136

Applicant Information

Applicant's Name: _____
Applicant's Address: _____

City: _____ State: _____ Zip: _____
Phone Number: _____ (work) _____ (mobile)
Fax Number: _____ E-Mail: _____

Site Information

Project Name: _____
Reason for flow information: Design (static, residual, flow, & date) Water service to site
Type: Commercial Industrial Residential
Project Address/Location: _____

City: _____ State: _____ Zip: _____
Contact Numbers: _____ (work) _____ (mobile) _____ (fax)

Request for Flow Information

Provide a brief description of the hydrant flow test requested:

Hydrant Number Requested to be the flow hydrant (if available): _____
Hydrant Number Requested to be the residual hydrant (if available): _____

A nominal fee per request may be required to be paid prior to testing. Water distribution information is taken at a single point in time and is subject to significant variation. The variability of the water system due to changes in usage, demand and operating conditions precludes guarantee that expectations regarding pressures and flows will be exacting. This information is provided to the requestor for evaluation purposes only, without warranty of any kind, including but not limited to any expressed or implied warranty arising by contract, statute or law. In no event regardless of cause, shall The Greenwood Commissioners of Public Works be liable for any direct, indirect, special, punitive or consequential damages of any kind whether such damages arise under contract, tort, strict liability or in equity.

Signature of Requestor/Agent

Date

Business/Company Name