

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.
2. Requests can be mailed or emailed to above address.
3. The current test fees listed below are valid through **DATE** and are payable per check or money order to "City of Bonifay" at 301 J. Harvey Etheridge Street, Bonifay, FL 32425.
 - Test fee inside city limits \$300.00
 - Test fee outside city limits \$400.00

Please check this web map if unsure whether your location is inside or outside city limits.

<https://qpublic.schneidercorp.com/Application.aspx?AppID=821&LayerID=14700&PageTypeID=1&PageID=6564>

Payment of test fees must be received PRIOR to the flow test being performed.

4. Hydrant Flow Tests must be performed by City personnel 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 Public Works 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:

All information sent to and received from the City of Bonifay, Florida, including e-mail addresses and content, are subject to the provisions of the Florida Public Records Law, Florida Statute Chapter 119, and may be subject to disclosure

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.*

COMMENTS: _____

- ☐ I understand the City of Bonifay personnel will test the hydrant, but I would like to have someone present to witness this testing.
Please contact me at _____ to schedule test time and date.
- ☐ 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.

NAME: _____

JOB TITLE: _____

SIGNED: _____

PHONE: _____

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