



# City of Columbia

## UTILITIES & ENGINEERING

### FIRE HYDRANT TEST REQUEST

Please complete the form below for each flow test requested and return with the required payment of \$175.00 per request (checks payable to City of Columbia) to:

City Engineer  
Department of Utilities & Engineering  
P.O. Box 147  
Columbia, SC 29217  
Phone: (803) 545-3400

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Date Info. Needed: \_\_\_\_\_  
County: \_\_\_\_\_

Phone Nos: \_\_\_\_\_ (work) \_\_\_\_\_ (office)  
\_\_\_\_\_ (cell) \_\_\_\_\_ (fax/email)

Charge: \$175.00 per requested flow test

Project Name: \_\_\_\_\_

TMS No. \_\_\_\_\_

Area/Location of Request :

City of Columbia \_\_\_\_\_

Richland County: \_\_\_\_\_ Northeast \_\_\_\_\_ Southeast \_\_\_\_\_ Northwest \_\_\_\_\_

Lexington County \_\_\_\_\_

Reason for request: \_\_\_\_\_

Location of specific hydrant desired to be tested: \_\_\_\_\_

hydrant # (if known): \_\_\_\_\_

Address to send flow test data: \_\_\_\_\_ (if different from above)

Extra copies sent to: \_\_\_\_\_

**Items below to be completed by City Engineer of City of Columbia:**

Assigned to: \_\_\_\_\_ Water Distribution \_\_\_\_\_ Technical Services \_\_\_\_\_ Other

Date Conducted \_\_\_\_\_ Payment Received: \_\_\_\_\_

Attach Results

\_\_\_\_\_ Field Visit Required \_\_\_\_\_ Existing System Data \_\_\_\_\_ Date of Last Test

Date \_\_\_\_\_ Initials \_\_\_\_\_

**Note:**

- **ACTUAL FLOW TEST WILL NOT BE PERFORMED UNTIL THE \$175.00 PAYMENT IS RECEIVED.**
- **Data will be returned to the above address within five (5) working days.**