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

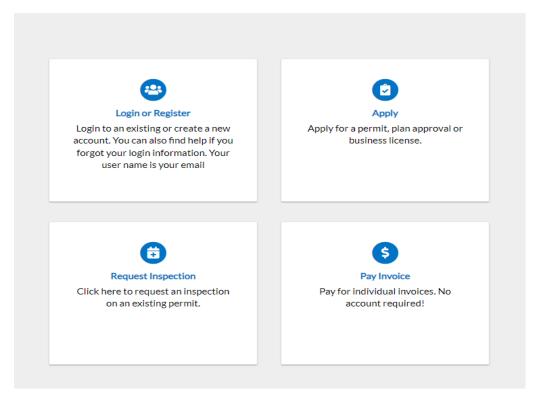
Phone: (803) 545-3400

Name	Comp	oany	Date	_
Address:	ess: Date Info. Needed:			_
County:				
Phone Nos:		(work)	(office)	
	(cell)		(fax/email)	
Charge: \$175.00 per re	equested flow tes	t		
Project Name:			_	
TMS No				
Area/Location of Reque	st:			
City of Columbia				
Richland County:		Southeast	Northwest	
Lexington County		,		
Reason for request:				_
Location of specific hydrant desired to be tested:				
hydrant # (if known):_				_
Address to send flow test data:				
Extra copies sent to: _				
Items below to be comple	ted by City Engine	er of City of Columbia:		
Assigned to:Wat	er Distribution _	Technical Services	sOther	
Date Conducted		Payment Received:		
Attach Results				
Field Visit RequiredExisting System Data				Date of Last Test
Date	Initials			
Note:				

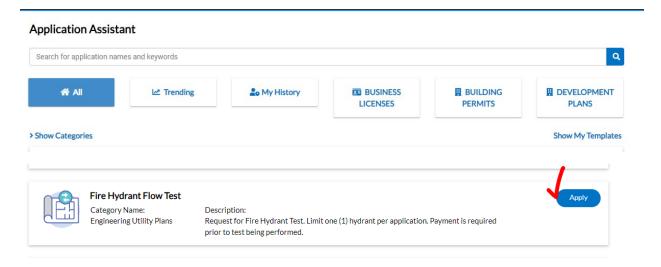
- ACTUAL FLOW TEST WILL NOT BE PERFORMED UNTIL THE \$175.00 PAYMENT IS RECEIVED.
- Data will be returned to the above address within five (5) working days.

Click the link: access.columbiasc.gov

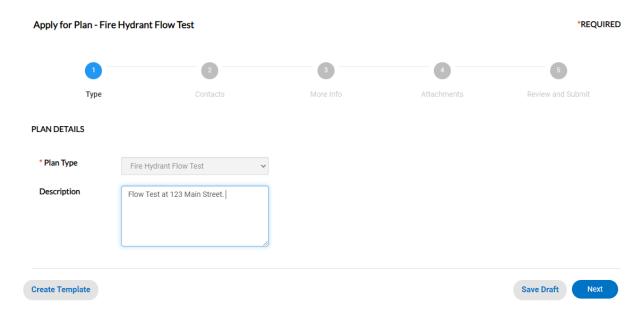
To get started, select the "login or register" option. For existing customers, please select "apply".



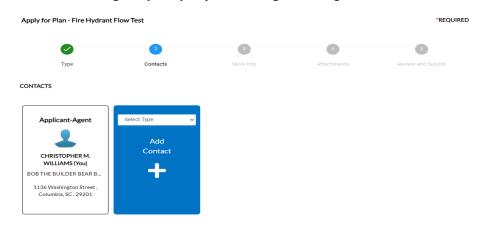
The next view is the Application Assistant. You can search the "All" category for Fire Hydrant Flow Test. Click "Apply".



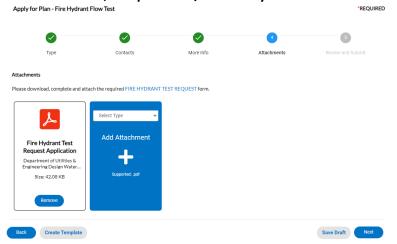
The next view will display the plan type, allowing for you to input a description of the project.



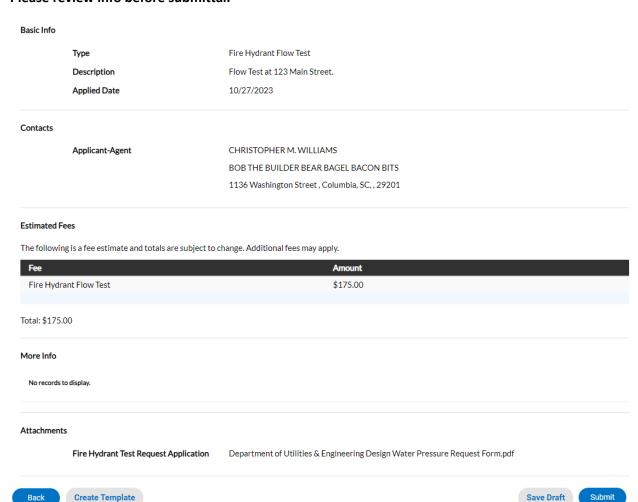
Continue following the prompt by confirming or adding contact info.



Please download, complete and/or attach your form.



Please review info before submittal.



After submittal, navigate to "Add to Cart" for payment. Check out.

