



REQUEST FOR HYDRANT FLOW TESTING

The Lockhart Fire Department is responsible for providing test information on the location indicated on this form. 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 at no charge. Information provided is an indication of the water supply characteristics in the immediate area on the date and time noted. The City of Lockhart does not guarantee that this data will be representative of the water supply characteristics at any time in the future

Business Name: _____ Date: _____

Address: _____

City, State, Zip Code: _____

Contact: _____

Phone Number: _____ Email address: _____

PROJECT INFORMATION

Project or Business Name: _____

Project or Business Street Address: _____

Purpose of Testing: Sprinkler/Standpipe System Required Fire Flow

W&WW Map Grid

LFR Hydrant #

W&WW Intersection #

LFR District #

Residual Hydrant Block Address: _____

Cross Street by Residual Hydrant: _____
(Use only if cross street is close to hydrant)

Hydrant Location: _____
(If other than street address)

Special Instructions: _____
(If needed)
