



HT/F: _____

HYDRANT TESTING/FLUSHING Application

APPLICANT INFORMATION

Applicant Name: _____ Company: _____

Mailing Address: _____ City: _____ Postal Code: _____

Phone: _____ Email: _____

Personal information you provide on this form is collected pursuant to Section 26 of the *Freedom of Information and Protection of Privacy Act* and will only be used for the purpose of processing this application. Your personal information will not be released except in accordance with the *Freedom of Information and Protection of Privacy Act*. Questions about the collection of your personal information may be referred to the Corporate Services Coordinator by email: duncan@duncan.ca or phone: 250-746-6126.

REQUESTED HYDRANTS

Hydrant No.	Address	Hydrant No.	Address

DECLARATION:

I understand that this is only an application for service and that the City of Duncan may not be able to provide the service(s) requested, depending on the circumstances. The date of the testing may be as much as eight (8) weeks after payment is made.

Registered Owner/Authorized Agent Name _____ Signature _____ Date _____

NOTE: Completing this application form does not guarantee approval. Your application will be reviewed and you will be contacted.

OFFICE USE ONLY:

OPERATOR INFORMATION

Operator Name: _____ Date: _____ Time: _____

HYDRANT INFORMATION

Hydrant Location(Address): _____ Hydrant No.: _____

Flow at Hydrant: _____ IGPM Duration of Flow: _____ MIN

SYSTEM OBSERVATION

Hydrant No: _____ Pressure Before Test: _____ PSI Pressure During Test: _____ PSI

Pump Status: _____

FEES:

Fees & Charges Bylaw 2090

Fee Type	Amount	Quantity	PAID STAMP
Fire Hydrant Flow Testing (1 – 5 Hydrants)	\$100.00	_____	
Fire Hydrant Flow Testing (6+ Hydrants)	\$20.00 each	_____	
Fire Hydrant Flow Testing Report Copy	\$10.00	_____	

Reviewed By _____ Approved By _____ Date _____