

Temperature _____ Weather: Sunny Cloudy Rain



139 N. Euclid Avenue
Upland, CA 91786
Phone: 909-982-4107 Fax: 909-920-3047
www.sawaterco.com

FIRE FLOW APPLICATION AND PERMIT

APPLICATION DATE: _____ STOCKHOLDER APPROVAL NEEDED? **Y N**

STOCKHOLDER'S NAME: _____ CERTIFICATE #: _____

BILLING ADDRESS: _____ PHONE: _____

APPLICANT'S NAME: _____ PHONE: _____

APPLICANT'S ADDRESS: _____

CERTIFIED FIRE FLOW CONTRACTOR: _____ LICENSE NUMBER: _____

ADDRESS: _____

_____ FIELD CONTACT: _____

_____ MOBILE PHONE: _____

CONTRACTOR SHALL FLOW HYDRANT AT: _____ RESERVOIR SERVICING AREA/WATER LEVEL _____

DATE & TIME OF FIRE FLOW _____ TIME _____

(SCHEDULE BETWEEN 7:30AM – 11AM & 1PM-2:30PM)

FIRE FLOW RESULTS: _____ DIAMETER NOZZLE FLOWED: _____

STATIC: _____ RESIDUAL: _____ PITOT: _____

FLOW @ RESIDUAL= _____ FIRE FLOW @ 20 PSI= _____

"C" FACTOR = _____ (DETERMINE COEFFICIENT BASED ON EQUIPMENT USED FOR CALCULATION)

Estimated duration of flow: _____

A COPY OF THIS PERMIT SHALL BE MADE AVAILABLE FOR INSPECTION AT ALL TIMES.

- The Contractor shall make the necessary arrangements to protect existing property and right of way from damage resulting from the flow test and shall be responsible for repair of related damage.
- It is the Contractor's responsibility to determine and mitigate downstream impacts from the flow of water.
- It is the Contractor's responsibility for the safe flow of traffic.
- Any hydrant operation shall be accomplished or observed by a representative of SAWCo.
- Any change in schedule of fire flow shall require a minimum 2 hour notification to this office at 909.982.4107.
- **A copy of this permit with the fire flow results along with any other test reports must be mailed to SAWCo.**

PLEASE COMPLETE ALL REQUESTED INFORMATION

Applicant's Signature: _____ Stockholder's Signature: _____