

DELRAY BEACH FIRE RESCUE



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Fire Hydrant Flow Request Form

1. All information must be completed in order to process your request.
2. Fire hydrant(s) must be inside the City limits. Hydrants in other cities or out of our jurisdiction cannot be tested by Delray Beach Fire Rescue.
3. Pay for your test fees at Delray Beach Fire Rescue Headquarters at 501 West Atlantic Avenue.
4. Email **beltranm@mydelraybeach.com** or drop off **THIS FORM** and **COPY OF PROOF OF PAYMENT** to Delray Beach Fire Rescue Headquarters at 501 West Atlantic Avenue.

HydrantLocation: _____

Project Name: _____

Address: _____

CompanyRequesting: _____

Company Address: _____

Name of Contact: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

Purpose of Test: _____

Additional _____

Information: _____

*Test fee is \$350.00 per request.
A completed separate test form is required for each flow test location.*

_____ Check enclosed payable to "City of Delray Beach".

Allow 10 business days to receive test results. Inclement weather or holiday may delay request.

Delray Beach City Hall
Finance Dept - 2nd Floor
100 NW 1st Ave
Delray Beach FL, 33444

Delray Beach Fire Rescue
Fire & Life Safety Division
501 West Atlantic Avenue
Delray Beach, FL 33444
Phone #: 561-243-7425
Fax #: 561-243-7408



=====OFFICE USE ONLY=====

TEST DATE: _____ TEST TIME: _____

ACTUAL RESULTS:

Static: _____ psi Flow 1: _____ gpm

Residual: _____ psi Flow 2: _____ gpm

REVISED RESULTS:

Static: _____ psi Flow: _____ gpm

Residual: _____ psi

NOTES: _____

**** REVISED RESULTS shall be used to determine hydraulic calculations. Results may be adjusted to meet the standard output pressures for the City of Delray Beach.****