

ADMINISTRATION | ENGINEERING

501 E LEMON STREET W-ADMN/ENG LAKELAND, FL 33801-5079 863.834.8316 | Fax 863.834.6274 www.lakelandgov.net/water WaterHydrants@lakelandgov.net

Hydrant Flow Test Request - Instructions

- 1. Requests must include project location, a brief explanation of project, the utility design plan (if available), and for each test the specific hydrant to be tested/flowed as well as a second hydrant or backflow preventer to be used for residual pressure readings. If needed, the City's hydraulic engineer can offer hydrant recommendations based on the information provided.
- 2. Requests can be mailed or emailed to above address.
- 3. The current test fees are valid through September 30, 2025, and are payable per check or money order to "City of Lakeland" at the above address. If credit card payment is preferred (subject to \$2.75 fee upon payment) an invoice with payment instructions will be sent to the email address provided on completed and signed Hydrant Flow Test Request.

Test fee inside city limits \$336.69Test fee outside city limits \$420.84

Please check this web map if unsure whether your location is inside or outside city limits. https://lakelandflorida.maps.arcgis.com/apps/Viewer/index.html?appid=3cc3fd68df684e5e9ccc03c5d2ad3f0a

Payment of test fees must be received PRIOR to the flow test being performed.

- 4. Hydrant Flow Tests must be performed by COL Water Distribution and cannot be performed by outside parties.
- 5. Test results will be sent to the email address provided on Hydrant Flow Test Request.

Note:

The City of Lakeland provides test data for previously performed hydrant tests at no charge. Please contact the Water Engineering Department at the above number to inquire if data is available.

Not all City hydrants have flow test data and the fire department may require more recent test data.



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Hydrant Flow Test Request

REQ	UEST BY:			
COM	IPANY:		DATE:	
EMA	IL:		TOTAL PAGES	:
PRO	JECT LOCATION (address/ parcel ID)):		
	se identify which hydrant you would li return this form with corresponding pa	ke to have tested by completing the requestyment to above address.	sted information be	ow
Allo	w fifteen (15) working days for sche	eduling and completion of requested flo	w test.	
HYD	RANT TO BE TESTED (FLOW Hydrant	:):		
		Hydrant Number		
PRESSURE READING LOCATION: Hydrant Number or Backflow Preventer Loc				
,	* The Static/Residual Pressure Reading Location cannot be the same as the Hydrant to be Flow Tested. Due to field conditions, Flow and Pressure Readings may be taken from different locations than indicated.			
	Due to field conditions, Flow and Press	sure Readings may be taken from diπerent loca	tions than indicated.	
COM	MMENTS:			
	Lunderstand the City of Lakeland pe	ersonnel will test the hydrant, but I would lil	ke to have someon	e present to
	witness this testing. Please contact me at to schedule test time and date.			
	Please contact me at	to sch	iedule test time and	l date.
	I prefer to pay the testing fees per credit card and agree that a \$2.75 fee will be assessed upon payment. An invoice with payment instructions will be sent to the email address provided above. The billing address is as follows.			
	STREET	CITY	STATE	ZIP CODE
	I hereby request the above indicated hydrant(s) to be flow tested. I understand there is a standard fee per hydrant flow test and agree to remit payment for the fee(s) PRIOR to test(s) being scheduled.			
NAME:		JOB TITLE:		
SIGNED:		PHONE:		