

Request for Hydrant Testing



* **Date of Request:** _____
Use **NEXT** business day if request submitted **after 10 am.**

Fire Marshal's Office

Buda Fire Department

P.O. Box 1159

Buda, Texas 78610

E-mail: Inspections@budafire.org

Office 512-295-2232

Fax 512-295-2848

Buda Fire Department is responsible for providing test information on the location indicated on this form. There may be a \$100.00 fee for conducting this test. It is the requesting party's responsibility to ensure that the information is appropriate to the location of you project. If available, we will provide you with the information on file up to three years from the date requested. No fee will be charged for pulling records from files. Information provided is an indication of the water supply characteristics in the immediate area on the date and time noted. BFD does not guarantee that this data will be representative of the water supply characteristics at any time in the future.

Information

Requesting Company/Agency: _____

*Billing Address: _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

*Contact Person: _____

*Phone Number: _____ *Fax Number: _____

E-Mail Address: _____

Please Print Clearly

Location

Project or Business Name: _____

*Project or Business Address: _____

Block Number _____ Dir. _____ Street Name _____ Type _____

*Purpose of Testing: Sprinkler/Standpipe System Required Fire Flow

Fire Hydrant - Site Inspection

*Residual Hydrant Address: _____

Block Number _____ Dir. _____ Street Name _____ Type _____

Cross Street by Hydrant: _____

(Use only if cross street is close to hydrant) Block Number _____ Dir. _____ Street Name _____ Type _____

Hydrant Location (if other than street address): _____

Special Instructions (if needed): _____

AUTHORITY AND PURPOSE

*Signature of Applicant _____ Date _____

BFD Representative _____ Date _____ I.D. # _____

Fire Marshal's Office Use Only

Date Received: _____ Inspector: _____ Tester: _____

BFD Box #: _____ Fee \$: _____ [] Paid _____ Date: _____

Information Returned Date: _____ Comments: _____

***Denotes the minimum information required to process a hydrant test.**

Revised 09/06