

# 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: [Permits@budafire.org](mailto:Permits@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

Block Number

Dir.

Street Name

Type

close to hydrant)

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