



***Wylie Prevention/Community Risk Reduction
Division***

Mailing Address:
300 Country Club Rd. - Bldg. 100
Physical Address:
300 Country Club Rd. – Bldg.100
Wylie, Texas 75098
(972) 442-8110

HYDRANT FLOW TESTING

Document Submittals

- A copy of the responsible party's driver license is required for all Contractor Registrations.
- A copy of companies insurance declaration page for contactor file.
- Permit Application

Fee: \$ 50.00 Checks or Exact Change Required

PERMIT HOLDER IS RESPONSIBLE FOR RETURNING HYDRANT FLOW DATA SHEET IN HARD COPY FORM TO THE WYLIE FIRE PREVENTION BUREAU.

HYDRANT FLOW TESTING PROCEDURES

Individuals seeking hydrant flow test data should follow the procedures listed below:

- ❑ Contact the Water department for a plan of the water lines and hydrant locations in the area you wish to test (214) 802-1529.
- ❑ Contact the Fire Prevention Community Risk Reduction Division to obtain a permit and to advise the time and location of hydrant testing. Hydrant flow testing may depend on water conservation measures in place at the time of the request.
- ❑ Record results on a form similar to the NFPA Hydrant Flow Test Report (see NFPA291, fig. 2-11-attached), including diagram as indicated on the form instructions.
- ❑ Submit a copy of the completed form to (mailing address):

Wylie Fire Department
ATTN: Fire Prevention
300 Country Club Rd. – Bldg. 100
Wylie, TX 75098
(972) 442-8110

Note: Please mail or hand-deliver this completed report to the above address. Due to the poor quality of some fax transmissions; please do not fax this report.



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**PERMIT APPLICATION
HYDRANT FLOW TESTING**

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- \$50.00 Permit Fee

Installer/Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Representative's Name: _____

Telephone No.: _____

Job Name and Address: _____

Contractor Name (if different than above): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Representative's Name: _____

Telephone No.: _____

Date of Contractor Registration: _____

Contractor Renewal Date: _____ **Receipt No:** _____

Permit Fee: \$50.00 **Date:** _____

Check #: _____ **Cash:** _____ **Receipt No.:** _____

Reinspection Fee: \$75.00 **Date:** _____ **Receipt No:** _____

