

**THE JERSEY CITY MUNICIPAL UTILITIES AUTHORITY
APPLICATION FOR HYDRANT FLOW TEST**

555 ROUTE 440, JERSEY CITY, NEW JERSEY. 07305

TEL: (201) 209-0319 FAX: (201) 432-3795

DATE:

APPLICANT INFORMATION

NAME:	TEL. NO:
CONTACT PERSON:	MOBILE NO:
ADDRESS:	FAX NO:
E-MAIL ADDRESS:	

PROJECT / BUILDING INFORMATION

NAME:	
LOCATION:	BLOCK:
	LOT:

DESCRIPTION:

LOCATIONS FOR HYDRANT FLOW TESTS

To request flow tests on more than one water main OR on a water main that is not in front of the project street address, please specify the water main and the location below. Please note that unless otherwise specified, flow test will be conducted on the distribution main 12" diameter or smaller that is closest to the lot or address specified. Flow in a larger transmission main will only be tested if no smaller main is available.

Main _____ inches in size at _____ Street / Avenue (nearest cross street is _____)

Main _____ inches in size at _____ Street / Avenue (nearest cross street is _____)

Main _____ inches in size at _____ Street / Avenue (nearest cross street is _____)

Main _____ inches in size at _____ Street / Avenue (nearest cross street is _____)

Main _____ inches in size at _____ Street / Avenue (nearest cross street is _____)

Total number of flow test _____ X \$200 per test = _____

TOTAL FEES PAYABLE: \$

Payment must be in the form of a bank check, certified check or money order made payable to the Jersey City Municipal Utilities Authority

APPLICANT'S CERTIFICATION

I certify that the information contained in this application is complete and accurate.

NAME:	SIGNATURE:
TITLE:	DATE:

Payment for the Hydrant Flow Tests for the above application has been received in full by the JCMUA.

ON BEHALF OF JCMUA:	DATE:
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All information on this form must be typed or printed clearly