



2400 Francisco Blvd.
 PO Box 1039
 Pacifica CA 94044-6039
 Phone (650) 355-3462
 Fax (650) 738-8329
www.nccwd.com

REQUEST FOR STATIC PRESSURE

This form is to be used by contractors and others requesting static pressure at a location serviced by the District. District personnel will perform all operations to collect the static pressure data. The applicant is responsible for all costs associated with data collection and must submit a deposit to cover District costs. To schedule the test, the applicant must contact the Field Supervisor at least 48 hours prior to the test.

DEPOSIT REQUIRED: \$150.00
Any deposit refund processed shall be made out to and mailed to the applicant.

REQUEST FOR FIRE HYDRANT FLOW TEST

This form is to be used by contractors and others requesting a flow test of a District fire hydrant. During a flow test, District personnel will perform all valve operations and collect the required flow and pressure data. The applicant is responsible for all costs associated with such tests and must submit a deposit to cover District costs. To schedule the test, the applicant must contact the Field Operations Supervisor at least 48 hours prior to the test.

DEPOSIT REQUIRED: \$500.00
Any deposit refund processed shall be made out to and mailed to the applicant.

Cost Recovery: If District costs exceed this amount, then the District will bill the applicant for the difference. If District costs are less than this amount, then the District will refund the difference. Any deposit refund processed shall be made out to and mailed to the applicant.

The costs described in this form are for obtaining and transmitting specific information related to the request above. There will be additional charges and costs for plan review and construction inspection as well as other applicable charges and costs imposed by District resolution.

The applicant hereby requests to have the District perform the request above. The applicant agrees to pay all District costs associated with performing this test.

Applicant Information

Representative: _____

Company Name: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Cellular #: _____ Email: _____

Property Information

Street Address: _____

Owner's Name: _____

 Signature of Company Representative / Applicant

 Date