



**ST. JOHNS COUNTY UTILITY DEPARTMENT**  
**Fire Flow Test Request**

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**POINT OF CONTACT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Project: \_\_\_\_\_ EOR Full Name: \_\_\_\_\_

EOR Notes (if any): \_\_\_\_\_

**HYDRANT INFORMATION**

Map with Hydrant Locations attached

Link to iMap (select fire hydrant layer): <https://www.gis.sjcfl.us/Html5Viewer/index.html?viewer=iMap>

Address and Parcel ID of Flow Test: \_\_\_\_\_

Hydrant Number (Flow): \_\_\_\_\_ Hydrant Number (Residual): \_\_\_\_\_

Requested Time/Date: \_\_\_\_\_ Requested Time/Date (Secondary): \_\_\_\_\_

**Fire flow tests to only be performed between the hours of 10 am and 4 pm.**

**NOTE:** Fire flow test to be conducted only by licensed personnel. SJCUD Inspectors will only witness and shall not be expected to perform the test.

**ADDITIONAL INFORMATION** - Upon completion, e-mail to: [fireflowrequests@sjcfl.us](mailto:fireflowrequests@sjcfl.us). **Allow a minimum of five (5) business days for a response.** Upon receipt of fire flow test results, please email to: [fireflowrequests@sjcfl.us](mailto:fireflowrequests@sjcfl.us).

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**SJCUD Staff Use Only:**

Static (psi): \_\_\_\_\_

Residual (psi): \_\_\_\_\_

Pitot (psi): \_\_\_\_\_

Recorded flow (gpm): \_\_\_\_\_

**Utilities**

1205 State Road 16, St. Augustine, FL 32084

904.209.2700 | [sjcfl.us](http://sjcfl.us)