



DEPARTMENT OF UTILITIES AND ENGINEERING

DESIGN WATER PRESSURE REQUEST

Please complete this form for EACH hydrant flow test requested. Return the request with required payment of \$175.00 per test. Checks should be made payable to CITY OF COLUMBIA and submitted to:

City Engineer
Department of Utilities and Engineering
P.O. Box 147
Columbia, SC 29217
Phone: (803) 545-3400

FROM:

DATE: _____

(Name)

(Title)

(Company Name)

(Mailing Address)

(Phone Number)

BY Phone
 In Person
 Letter

NAME OF PROJECT:

DOMESTIC DEMAND:

TYPE OF PROJECT:

Lots

Units

Square Feet

Residential
 Apartment
 Condominium
 Commercial

Area/Location of Request:

City of Columbia _____
Richland County: _____ Northeast _____ Southeast _____ Northwest _____
Lexington County _____

LOCATION OF PROJECT & HYDRANT TO BE TESTED:

Address: _____

Location of Specific hydrant desired to be tested: _____

Hydrant # (if known) _____

Address to send flow test data (if different from above): _____

Note : FLOW TEST WILL NOT BE PERFORMED UNTIL THE \$175.00 PAYMENT IS RECEIVED.

TYPE OF INFORMATION REQUESTED

- Fire Flow Data (Building/Sprinkled)
- Design Residual Pressure (Building Water Mains)
- BOTH