

DEPARTMENT OF WATER COUNTY OF KAUAI

FIRE HYDRANT FLOW TEST

Revised: 5/1/2025

Applicant Name:	
Mailing Address:	
Contact Number:	Email:
Fire Hydrant Number(s):	Hydrant Location(s):
Name of Tester:	
Please read below and initial:	
The applicant requests to conduct a fire h Prior to performing the fire hydrant flow t	ydrant flow test for the fire hydrant(s) mentioned above. est, the applicant shall:
	ment of Water (DOW) WILL NOT conduct the fire hydrant may assist with opening the hydrant valves.
2. Submit this completed form to I verification at wrp@kauaiwater.	DOW's Water Resources and Planning Section for hydrant org.
of \$200 per fire hydrant flow te	ne hydrant(s) and provide assistance. A fixed cost est is required prior to the DOW issuing a work order to must be submitted to DOW's Billing Division and can be to "Department of Water").
	ire hydrant flow test. The agency must be qualified to test ed to submit their license or certification to DOW.
test(s) at least seven (7) days in	sion at (808) 245-5439 to schedule the fire hydrant flow advance of the proposed test date. The agency must the scheduled test date and will conduct the fire hydrant
	ydrant test results to DOW at wrp@kauaiwater.org. De calculated and signed by an engineer that is licensed in
· ·	lid for a period of one (1) year from the date signed. this conditional approval shall be null and void.
Acknowledged:	
Applicant's Signature	