



FIRE LINE FIRE PUMP INFORMATION FORM

DATE OF APPLICATION: _____

PROPERTY ADDRESS: _____

MUNICIPALITY(IES): _____

BLOCK(S): _____ LOT(S): _____

CONTRACTOR/INSTALLER: _____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

HOME/OFFICE PHONE: _____ CELL: _____ EMAIL: _____

CONTACT PERSON(S): _____

PROPERTY OWNER: _____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

HOME/OFFICE PHONE: _____ CELL: _____ EMAIL: _____

HYDRANT FLOW TEST: STATIC PRESSURE (PSI): _____ FLOW (GPM): _____ RESIDUAL PRESSURE (PSI): _____

REQUIRED FIRE DEMAND: _____ (GPM)

REQUIRED PUMP TESTING DEMAND: _____ (GPM)

SIZE OF PROPOSED FIRE LINE: _____ SIZE OF PUMP: _____ RATED GPM: _____

PUMP MAKE/MODEL: _____ (attach cut sheet)

APPROXIMATE FIRE PUMP TEST SCHEDULE ⁽¹⁾: _____

⁽¹⁾ Contact the SMCMUA Customer Service Department prior to all fire pump testing.

Submitted by: _____ (name printed) _____ (signature)

I certify that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining and preparing the information, I believe that the information is true, accurate, and complete.