



LOCKHART FIRE RESCUE
TECHNICAL SERVICES SECTION

Located at 201 W MARKET - PO BOX 239 - LOCKHART, TEXAS 78644

Phone: (512) 398-2739 Fax: (512) 620-0001

Request for Testing of Hydrants



IMPORTANT IMPORTANT IMPORTANT IMPORTANT
The Lockhart Fire Department is responsible for providing test information on the location indicated on this form. It is the requesting party's responsibility to ensure that the information is appropriate to the location of your project. If available, we will provide you with information on file up to three years from the date requested at no charge. Information provided is an indication of the water supply characteristics in the immediate area on the date and time noted. The City of Lockhart does not guarantee that this data will be representative of the water supply characteristics at any time in the future.

*BUSINESS NAME: _____ *DATE : _____
(Use NEXT business day if request submitted after 10 am)
*ADDRESS : _____ *PHONE : _____
*CITY - ST - ZIP : _____
*ATTENTION : _____ *FAX : _____

*Project or Business Name: _____
*Project or Business Street Address: _____
Street # Direction Street Name Type
*Purpose of Testing: Sprinkler/Standpipe System Required Fire Flow

W&WW Map Grid LFR Hydrant # W&WW Intersection # LFR Dist #
*Residual Hydrant Block Address: Block # Dir Street Name Type
Cross Street by Residual Hydrant: Block # Dir Street Name Type
(Use only if cross street is close to hydrant)
Hydrant Location (if other than street address): _____
Special Instructions (if needed): _____

FIRE CODE OFFICIAL / DESIGNEE THIS BOX IS FOR LOCKHART FIRE RESCUE ENGINEER/REVIEWER
Received @ FM OFFICE Assigned to COMPLETED BY

* Denotes the minimum information required to process a hydrant test.