



City of Attleboro, Massachusetts
Water Department
1296 West Street, Attleboro MA 02703
Ph: 774-203-1850 Fax: 508-223-2271

Hydrant Flow Test

Date: _____

APPLICANT INFORMATION

Applicant (Person or Company): _____

Address: _____

Contact Name: _____

Telephone: _____

Fax: _____

Email: _____

Please note: The person requesting test or a representative must be present at time of test. An employee of the Water Department will be present. The Fire Department may witness test at the discretion of the Office of Fire Prevention.

LOCATION OF TEST:

DATE: _____ TIME: _____

Applicant:

Test must be conducted by a Qualified Fire Protection Professional

Must apply and pay fee (\$100 per test) at Attleboro Water Department, 1296 West Street. The Water Department will schedule test.

A copy of results must be provided to the Office of Fire Prevention 1476 West St, Attleboro MA 02703, fax 508-399-6273 phone 774-203-1922 pquinn@cityofattleboro.us within 48 hours of test.

The results MUST be stamped by an Engineer.

Must place **ad in Sun Chronicle**, 34 South Main St. Ad must run at least two days prior to test, failure to do so may result in cancelation of test.

Example of Ad:

Hydrant Flow Test will be conducted on (date) at (time). The location of the test is (address). Some discoloration of the water may result in the area. Please plan laundry activities accordingly. If you experience discolored water for more than 24 hours, contact the Water Department at 774-203-1850.