



Immokalee Fire Control District

502 New Market Road East, Immokalee, FL. 34142



Fire Hydrant Flow Test Request Form

Date: _____

Requested by: _____

Contact person: _____

Contact Phone number: _____

Fax number: _____

Project name: _____

Project address: _____

Please include a SDP of the nearest hydrants to be flowed.

Fee: **\$100.00** Check or Money order made payable to: **Immokalee Fire Control District.**

Request may be e-mailed to inspections@immfire.com or faxed to 239-657-9489, Attn: Leo Rodgers.

Mail to: **502 East New Market Rd., Immokalee, FL. 34142.** Attn: Leo Rodgers

Please allow 10 business days for request to be completed.

Results will be faxed unless requested otherwise.

Office Use Only

Date completed: _____ Shift: _____

Paid: Check/M. O.# _____

2nd Test (for additional pressure drop)

Test Hydrant: Static: _____ Residual: _____ Location: _____

Residual: _____ Location: _____

Flow Hydrant: Flow #1: _____ Location: _____

Flow # 1: _____ Location: _____

Flow # 2: _____ Location: _____

Joanne with Immokalee Water (239-564-6491) or Ave Maria Utilities (239-348-0248) must be contacted prior to completing flow test.