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## HYDRANT FLOW TEST REQUEST

## \_/20 \_\_\_\_ GIVEN BY AQUATERA

SECTION A – LOCATION / CONTACT INFORMATION		
Development Phase or Subdivision Name and / or Address:	Drawing Atta	/ Map [ ] Yes ached:
Address or Description of Residual Hydrant:	Flange Elev	vation:
Address or Description of Flow Hydrant:	Flange Elev	vation:
Additional Comments or Information:		
Consultant or Company Name:		
Requested by / results to be sent to:		
Contact Email:	F	Phone:
SECTION B – BILLING INFORMATION (pre-payment is required prior to scheduling the test)		
Company:		
Name:		
Address:		
City/Town:	Postal	Code:
Email:		
Cell:		Office:
Additional charges may apply if test area is not conducive to testing.		
SECTION C – WAIVER		
Aquatera will not be held responsible for damage to public/private property and/or infrastructural casued by flow test.		
Legible maps or plans of test area should be provided with this request form.		
Winter rates in effect from October 15 - May 15, additional charges will apply for Flow Test and Hydrant Pumping		
Customer Signature:		
Print Name:		
[ ] Billable		
NOTE: If you have any questions or concerns, please email inspection@aquatera.ca.		