The Municipal Authority of Westmoreland County
Hydrant Flow Test Permit Request Form

GENERAL REQUIREMENTS:

The Municipal Authority of Westmoreland County shall regulate the use of water from all fire hydrants and outlets, including private hydrants.

A. PERMIT FOR TESTING USE: No person shall use any fire hydrant without first applying to M.A.W.C. which may issue a permit upon evaluation of the request. The permit fee shall include costs for compensation of inspection by Authority personnel and those costs incurred for billing.

B. RESTRICTIONS & RESPONSIBILITY: This permit is restricted to the hydrant(s) listed below, and it is understood the permission for use of these fire hydrants will be granted only to responsible persons/firms.

C. PROHIBITED USES: The use of fire hydrant(s) in freezing weather or when the ground is frozen is not permitted. The outside air temperature must be at least 40°F and rising.

D. CANCELLATIONS: M.A.W.C. may cancel this permit in cases of water shortage, cold weather, damage to private or Authority property resulting from hydrant use, or whenever the public interest requires.

E. PRIVATE HYDRANT RELEASE FORM: In the event that a “Private Hydrant” is chosen for the flow or residual hydrant, it is the responsibility of the Applicant to have the property owner of the private hydrant to complete and execute M.A.W.C.’s Private Hydrant Release Form prior to any work being performed.

FIRE HYDRANT FLOW TEST: For hydrant flow tests, the applicant is responsible for selecting the applicable flow hydrant and residual hydrant for testing.

☐ I wish to have a Flow Test performed by M.A.W.C. personnel.

DATE/TIME FLOW TEST REQUESTED: _________________________________________

FLOW HYDRANT #_________________ RESIDUAL HYDRANT #___________________
(if known) (if known)

LOCATION: (Street/Intersection)_____________________________________________________

(City/State)________________________________________________________

(Township/Borough/Municipality) _____________________________________

Would you like to be present for the flow test? Yes ________ No ________________

Applicant Information:

Name ______________________________________________________________________________

Contact Person _______________________________________________________________________

Address _____________________________________________________________________________

______________________________________________________________________________

Contact Number ______________________________________________________________________

Email Address ________________________________________________________________________
HYDRANT FLOW TEST FEE (as of February 1, 2013)

Initial Test ................................................................................................................. $300.00

Each additional test(s) concurrent with above test ___________ X $90 ....................... $_______

Total monies due PRIOR to performing test .............................................................................. $_______

☐ Copy only of recent flow test (performed less than one (1) year prior, if available)
  # of copies __________ of test x $85 = $____________________

PAYMENT PRIOR TO WORK: All fees shall be paid prior to performance of the applicable work.

COMPUTATION: Fees are computed on the basis of prevailing costs incurred by M.A.W.C. and taking into
account wages paid, fringe benefits, overhead and other costs that may accrue. M.A.W.C. shall issue
regulations listing such charges and shall update them as necessary.

EFFECTIVE DATE: All standard charges shall become effective on the date they are filed with M.A.W.C.

YOU CAN NOW PAY FOR YOUR FLOW TEST WITH YOUR CREDIT CARD (VISA OR
MASTERCARD). PLEASE ENTER THE BELOW INFORMATION AND FAX (724-755-5922) OR
EMAIL THE FORM (myackovich@mawc.org) TO HAVE YOUR TEST SCHEDULED PROMPTLY.

TYPE OF CARD (Circle One): VISA MASTERCARD

Card Holder Name: ______________________________________________________
Card Number: _________________________________ Exp: _____/_____ MM/YY
Card Billing Address: ______________________________________ Zip: _______ CVD: ______

TO PAY BY CHECK MAKE CHECK PAYABLE TO: Municipal Authority of Westmoreland County or
M.A.W.C. and mail to: M.A.W.C. - P.O. Box 730 Greensburg PA 15601 ATTN: MARK YACKOVICH

OFFICE USE ONLY

Payment Received Date: ______________ Check Number: ______________ Amount: ______________

Received by: (Signature) ___________________________ Date ___________________________