



**CITY OF CHELSEA, MA**  
**Department of Public Works**

City Hall, 500 Broadway, Room 310 · Chelsea, MA 02150  
Phone: 617.466.4200 · Fax: 617.466.4210

☐ PAID \$100

C# \_\_\_\_\_

M# \_\_\_\_\_

## **Hydrant Flow Test Application**

### **Instructions**

The applicant is requesting the use of City fire hydrants for the purpose of conducting a hydrant flow test, and agrees to the following:

1. The contractor must pay \$100 fee prior to the issuance of the permit
2. The contractor must provide 48 hours' notice to schedule the flow test
3. The contractor will schedule the flow test with Chelsea WSD (617) 466-4300
4. The contractor agrees to forward flow test results directly to Chelsea WSD, [lcetina@chelseama.gov](mailto:lcetina@chelseama.gov)
5. Chelsea WSD will operate the hydrants

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Location of flow test \_\_\_\_\_

**I have read and fully understand the above terms and conditions and agree to comply fully with the policies and procedures of the Department of Public Works.**



\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



\_\_\_\_\_  
Department of Public Works Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date