

THE BRIGHTON TOWNSHIP MUNICIPAL AUTHORITY

1300 Brighton Road
Beaver, PA 15009-9211

Phone: 724-774-4800
Fax: 724-774-3565

APPLICATION FOR HYDRANT FLOW TEST

DATE: _____

PROPERTY OWNER: _____

SERVICE ADDRESS: _____

STRUCTURE TYPE: _____

PHONE NO: _____

HOMEBUILDER NAME: _____ PHONE NO.: _____

SPRINKLER CONTRACTOR: _____ PHONE NO.: _____

The Applicant is requesting the Authority conducts a Hydrant Flow Test for the Applicants use. The Applicant has read and agrees to abide by all Articles under the Current Rules and Regulations of the Brighton Township Municipal Authority. The Applicant shall note that the results observed at the time of the test are only indicative of operating conditions at the time of the test. Available pressure and flow will vary with system operating conditions.

Applicant to complete application, submit with check in the amount of \$300.00 payable to the "Brighton Township Municipal Authority." After receipt of check and completed application, the Authority will contact the applicant to schedule the flow test.

Applicant Signature and Date: _____

Applicant Name (Printed): _____

Applicant Title (Circle One or write below): PROPERTY OWNER / CONTRACTOR

FOR AUTHORITY USE ONLY

DATE: _____ CHECK NO.: _____ CHECK AMOUNT: \$ _____

FLOW TEST DATE/TIME: _____