



**CITY OF TUMWATER**  
 555 ISRAEL RD. SW, TUMWATER, WA 98501  
 (360) 754-4180  
 Email: cdd@ci.tumwater.wa.us

**FIRE FLOW REQUEST**  
**Application**

TUM -	DATE STAMP
_____	
_____	
RCVD BY	

Application fee: \$180.00

***SUBJECT PROPERTY***

ADDRESS OF PROPERTY (COMPLETE): \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_ PARCEL NUMBER(s): \_\_\_\_\_

DESCRIPTION OF LOCATION OF HYDRANT (A SITE PLAN IS REQUIRED): \_\_\_\_\_

***APPLICANT*** (please print neatly)

NAME OF APPLICANT: \_\_\_\_\_

APPLICANT'S MAILING ADDRESS (COMPLETE): \_\_\_\_\_

APPLICANT'S TELEPHONE(S): \_\_\_\_\_ APPLICANT'S E-MAIL: \_\_\_\_\_

**FOR OFFICE USE ONLY**

BUILDING PERMIT # (if applicable): TUM-\_\_\_\_\_ - \_\_\_\_\_ MAP #: \_\_\_\_\_

FLOW REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

OPERATIONS SYSTEMS CHECK BY: \_\_\_\_\_ DATE: \_\_\_\_\_

FIRE DEPARTMENT FLOW BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**WATER SYSTEM DATA**

MAIN SIZE (please check one):  6"  8"  10"  12"  14"  16"  20"

SYSTEM PRESSURE REDUCER:  YES  NO SET TIME TO OPEN: \_\_\_\_\_

LOOPED MAIN  DEAD END MAIN MAIN TYPE: \_\_\_\_\_

**TEST RESULTS**

STATIC: \_\_\_\_\_ PITOT #1: \_\_\_\_\_ PITOT #2: \_\_\_\_\_ RESIDUAL: \_\_\_\_\_ FLOW @ 20 PSI: \_\_\_\_\_

REQUIRED FIRE FLOW FOR PROJECT: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

APPLICANT CONTACTED BY:  EMAIL  PHONE  OTHER: \_\_\_\_\_  
 DATE: \_\_\_\_\_