



951 Raymer Avenue
 Kelowna, BC V1Y 4Z7
 250 469-8502
 kelowna.ca

New Fire Hydrant Data

**Items marked with a (*) are mandatory – no number will be assigned without this information.*

** Map must be attached showing the exact location of the hydrant described below*

Hydrant # Assigned _____ Date: _____ (YYYY/MM/DD) New Replacement

HYDRANT LOCATION

*Date Submitted: _____ (YYYY/MM/DD)	
*Street Address	
*Location Description, Lot #	Private Rd <input type="checkbox"/> Public Rd <input type="checkbox"/>
Hydrant Service Completed	YES: <input type="checkbox"/> NO: <input type="checkbox"/> Activation Date _____ (YYYY/MM/DD)
*UTM Co-Ordinates (North)	UTM Co-Ordinates (East)
Shutoff / Valve Location	*Main Size
Irrigation District	
Company Name:	Service Person:

TECHNICAL DATA

Hydrant Make					
Hydrant Model					
*Number of Ports	4 inch <input type="checkbox"/>		Storz <input type="checkbox"/>		
*Hydrant Type					
	<i>Modeled</i>			<i>Actual</i>	
*Static Pressure		PSI	Static Pressure		PSI
*Main Capacity = Flow at min 20 psi Or max 4 m/s		L/S USGPM	Flow Test		L/S USGPM
*Residual pressure at 90 L/s =1427 USGPM		PSI	Residual Pressure		PSI
Comments: (office use only)					

*Submitted by: _____ Signature: _____