



Joseph C. Foti  
Director

**City of Chelsea**  
DEPARTMENT OF PUBLIC WORKS  
City Hall, 500 Broadway, Room 310  
Chelsea, Massachusetts 02150

Telephone: (617) 466-4200  
Fax: (617) 466-4210

**Flow Test Application**

Date: \_\_\_\_\_

Location of Flow Test: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

The above 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 provide 48 hour notice to schedule the flow test.
2. The contractor will schedule the flow test with Chelsea Water & Sewer.
3. The contractor must pay the \$100. fee prior to the issuance of the permit.
4. Chelsea Water & Sewer will operate the hydrants.
5. The contractor agrees to forward flow test results directly to Chelsea Water & Sewer.

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature for City

\_\_\_\_\_  
Title

Signature of DPW personnel required for approval