



DORCHESTER COUNTY WATER & SEWER HYDROSTATIC TEST REQUEST FORM

Please complete the boxed portion of the form below for **each** flow test and return with the required payment of \$100.00 per test. If possible, please submit a map of the hydrant location you want tested. Request form and payment must be submitted together.

TEST WILL NOT BE COMPLETED WITHOUT PAYMENT.

Payment options:

- 1) Checks: Checks must be made payable to **Dorchester County Water and Sewer**.

Mail to: Dorchester County Water & Sewer
Engineering Division
235 Deming Way
Summerville, SC 29483

- 2) Visa and MasterCard payments are accepted. There will be a 2.95% convenience fee associated with each payment. You will need to complete the next page with your credit card information. Return by email to: wseng@dorchestercountysc.gov.

Name: _____	Date: ____/____/____
Company: _____	
Address: _____ _____	
Phone Number: _____	
Fax/Email: _____	
Project Name: _____	
Evolve # (if assigned): _____	
Reason for request: _____	
Location of specific hydrant desired to be tested: _____ _____	

Items Below to Be Completed By Dorchester County Water & Sewer

Payment Received: ____/____/____ Date: ____/____/____ Time: _____ By: _____

Flow Hydrant Location: _____

Pressure Reading Location: _____

Static: _____ psi Residual: _____ psi Flow: _____ gpm

CREDIT CARD INFORMATION SHEET

HYDROSTATIC TEST REQUEST

Please note there is a 2.95% convenience fee associated with payments made via debit or credit card. We do not accept American Express.

PROJECT NAME _____

Evolve # (if assigned) _____

DATE _____

CARD TYPE Visa _____ MasterCard _____

CARD NAME _____

CARD NO _____

EXPIRATION DATE _____

VIN CODE _____

ZIP CODE _____

PHONE NUMBER _____