



Lake Hemet Municipal Water District

Mailing Address: P.O. Box 5039, Hemet, CA 92544-0039
26385 Fairview Avenue, Hemet, CA
Phone: 951/658-3241 Fax 951/927-2913
www.lhmwd.org

LHMWD Fire/Hydrant Flow Test Application Instructions

Prior to applying for a Fire/Hydrant Flow Test, please verify the subject parcel is located within the LHMWD service boundary. A map of the LHMWD service area can be found at www.lhmwd.org.

Fire/Hydrant Flow Test Fee: \$125.00*

Submit all required documents through one of the following options:

- By email to jvenable@lhmwd.org with "Hydrant Flow Test Application" in the subject line
- By fax to (951) 927-2913, ATTN: Jason Venable
- By mail to P.O. Box 5039, Hemet, CA 92544, ATTN: Jason Venable
- In person at the District Office located at 26385 Fairview Ave, Hemet, CA 92544.

Required submittals:

- Fully completed application
- Fire agency Hydrant Fire Flow Verification Request (if applicable, see attached example)
- Payment of Fire/Hydrant Flow Test Fee

Payment may be submitted through the following options:

- Check by mail to P.O. Box 5039, Hemet, CA 92544 (ATTN: Jason Venable)
- Credit card by phone (please indicate this is the preferred method when submitting your application and a representative will contact you at the provided contact number to take payment)
- Cash, check or credit card in person at District Office located at 26385 Fairview Ave, Hemet, Ca 92544

Fire/Hydrant Flow Tests are typically processed within 10 business days of payment. An electronic copy of the letter and map will be sent to the email address provided on the application. If a hard copy is required/preferred, contact Jason Venable at jvenable@lhmwd.org to schedule a pickup at the District Office, 26385 Fairview Ave, Hemet, CA 92544.

*The fee includes (1) standard hydrant test, letter and map format typically required by fire agencies. Information provided includes a static pressure, residual pressure, measured flow rate, hydrant size/type and the water main size serving the hydrant. Tests requiring additional information and/or increased test durations may require an additional deposit and will be based on actual costs with any remaining balance being refunded to the applicant.



Riverside County Fire Department – Office of the Fire Marshal

Riverside Office: 2300 Market St., Ste. 150, Riverside, CA 92501 Ph. (951) 955-4777 Fax (951) 955-4886
Palm Desert Office: 77-933 Las Montañas Rd., # 201 Palm Desert, CA 92211-4131 Ph. (760) 863-8886 Fax (760) 863-7072

HYDRANT FIRE FLOW VERIFICATION REQUEST

Permit #

APN#

Address:

Office Use Only

RIVERSIDE COUNTY FIRE DEPARTMENT HAS CONDUCTED A PRELIMINARY REVIEW FOR PERMIT APPLICATION PURPOSES ONLY AND NOT FOR PERMIT ISSUANCE. ANY INFORMATION PROVIDED IS SUBJECT TO CHANGE AND IS VALID FOR 180 DAYS.
DATE: 8/24/2022 BY: XXXXXXXXXXXX

Please provide the permit number for the building/installation/site preparation issued by the Building and Safety Department on all plans, documents, and correspondence. Without the permit number, we cannot process the permit. The following shall be obtained from the local water purveyor and submitted to the Riverside County Fire Department for review and approval prior to any releases.

The following information shall be included on all letter(s) and map(s):

1. A map and Assessor's Parcel Number (APN) showing the location of the fire hydrant and access roadway(s) to the property.
2. Written verification from the local water district shall be required indicating the ability to provide the following:
 - a. An approved standard fire hydrant (6"x4"x2 1/2") shall be located within XXX feet from the hydrant to the furthest portion of the building as measured along the exterior ground floor walls. Non-standard fire hydrants are subject to further review.
 - b. The minimum fire flow shall be _XXX_ gpm at XX_ psi residual pressure for a 1/2-hour duration.
 - c. Water district must also indicate the size of the water main serving the fire hydrant.

Construction Type XX Square Feet 840 x Fire Sprinklered Non-Fire Sprinklered

At the applicant's request, this form is being provided prior to the site plan/architectural review. Therefore, fire flow requirements may not be accurate, and an additional fire flow letter may be required.

Applicant's Signature _____

Fire flow letters must be submitted within six (6) months of the test date. Only **original** documents will be accepted. Copies and faxes of the letter and map will not be accepted.



Standard Hydrant (Wet Barrel)



Super Hydrant (Wet Barrel)



Super Hydrant (Dry Barrel)



Wharf Hydrant (Wet Barrel)



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LHMWD Fire/Hydrant Flow Test Application

Date of Application: _____

Customer Information

Customer Name: _____
Contact Name (if applicable): _____
Mailing Address: _____
Contact Phone Number: _____
Contact Email: _____
Payment Method @ ^D
 Check By Mail Credit Card By Phone In Person

Project Information

Project Type:
 Single Lot Residential Tract/Multi-Family Commercial/Institutional
Fire Agency Conditions/Request Form Provided:
 Yes No
Address (if assigned): _____
Assessor's Parcel Number(s) (APN): _____
Tract Number (if applicable): _____

Hydrant Information

Requested Test Location:
 Closest Hydrant Existing Hydrant (include location below and attach map/exhibit)
Hydrant Location (address/APN/Street Names): _____

Customer Signature: _____