BOARD OF COUNTY COMMISSIONERS
WATER AND WASTEWATER SERVICES (WWS)
CUSTOMER PAYMENT CENTER
2555 WEST COPANS ROAD, BLDG. 1
POMPANO BEACH, FL 33069
(954) 831-3250 ● water@broward.org

☐ ATTACHED:
① PHOTO ID (S)
② SUPP DOCS
By _____
Date _____

APPLICATION FOR WASTEWATER FORCE MAIN PRESSURE & FLOW TEST

Complete the following and indicate service required by placing a check mark in the appropriate square. Sign, date, and return to WWS along with payment. Please include a map or sketch illustrating the location of the testing area or hydrant to be tested.

☐ 24-Hour Pressure Test with Chart Reading……$150.00

☐ Pressure and Flow Test including 24-hour chart recording……..$200.00

CONTACT NAME: _____

BUSINESS NAME: _____

MAILING ADDRESS: _____
STREET CITY STATE ZIP + 4

LOCATION ADDRESS: _____
STREET CITY STATE ZIP + 4

PHONE: HOME: (_____) _____ WORK: (_____) _____ MOBILE: (_____) _____

E-MAIL ADDRESS: _____

X _____ **DATE** _____

Please allow a maximum of ten (10) working days to be notified of results of test(s). Customer is contacted by phone.

APPLICATION PACKAGE CAN BE SUBMITTED BY:

Mail or In Person: Water & Wastewater Services (WWS)
Customer Payment Center
2555 West Copans Road, Bldg. 1
Pompano Beach, FL 33069

MAKE CHECKS PAYABLE TO: Water & Wastewater Services or WWS

FOR INTERNAL USE ONLY:

_____ **DATE RECEIVED** | _____ **CHECK NO.** | **$**_____ **AMOUNT PAID** | _____ **CS REP**