



BOARD OF COUNTY COMMISSIONERS
WATER AND WASTEWATER SERVICES (WWS)
2555 W. COPANS RD., BLDG. 1
POMPANO BEACH FL 33069
(954) 831-3250 FAX (954) 831-0789

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Instructions:

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 hydrants to be tested.

(1) APPLICATION FOR:

- ☐ 24-Hour Pressure Test with Chart Reading.....\$150.00
- ☐ 7-Day Pressure Test with chart reading.....\$150.00
- ☐ 7-Day Pressure and Flow Test with chart reading.....\$200.00

(2) APPLICANT NAME: _____
Contact Person

(3) COMPANY NAME: _____

(4) MAILING ADDRESS: _____
Number, Street, City, State and Zip Code

(5) LOCATION ADDRESS: _____
Number, Street, City, and Zip Code

(6) PHONE NO: _____ **FAX NO:** _____

(7) E-MAIL ADDRESS: _____

(8) SIGNATURE: _____ **DATE:** _____

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: Broward County WWS
PO Box 669300
Pompano Beach, FL 33066-9300

In Person: Broward County WWS
Customer Service Office
2555 W. Copans Rd., Bldg. 1
Pompano Beach, FL 33069

MAKE CHECKS PAYABLE TO: Broward County WWS