



FIRE HYDRANT FLOW TEST REQUEST

As of August 15, 2024, the fee is \$250.00.

Fee for Fire Hydrant Flow Test may be paid by check, cash, or credit card.

Fire flow tests may be performed on a customer's behalf by an outside service. Per Casitas' Rates and Regulations for Water Service, no one except an employee or authorized representative of the District shall at any time or in any manner operate any facilities of the District's system. Any person who does so, in addition to remedies set forth herein, shall be subject to penalties for damage to Casitas' facilities. No fire flow test shall be performed without a District representative present.

Testing company shall provide certificate of insurance in accordance with the attached sample.

Date Submitted: _____ Proposed Date of Test: _____

Requested by: _____ Cell Phone No.: _____

Property Address: _____ City: _____

Hydrant Location: _____

Purpose of Test: _____

FOR CMWD USE

Hydrant No.: _____ Pipeline Name: _____

Engineering Manager Review/Approval: _____

Operations Manager Review/Approval: _____

Payment Received on _____ By _____ Cash/Credit Card/Check No. _____
(circle one)

G/L: 11-4-00-4412-00

SUMMARY OF INSURANCE, BOND & PAYMENT REQUIREMENTS

	Informal Under \$35,000	Formal \$35,000 & Over
<u>Certificates of Insurance</u> (CG 2010 Endorsement required)		
1. Workmen's Compensation	Yes	Yes
2. Commercial, General & Auto Liability	Yes	Yes
a. For one person per accident	\$1,000,000	\$1,000,000
b. More than one person per accident	\$1,000,000	\$1,000,000
3. Property damage per accident	\$1,000,000	\$1,000,000
4. Thirty days written notice prior to cancellation	Yes	Yes
<u>Bonds</u>		
Bidder's Bonds	None	10%
Payment Bonds (Material and Labor)* (Projects bid by CMWD only)	None	100%
Performance Bonds* (Projects bid by CMWD only)	None	100%
Maintenance and Guarantee Provisions	Yes	Yes
<u>Contracts</u>		
Period for Final payment upon acceptance	15 Days	35 Days
Amount of Retention	-0-	5%
Progress Payment (if required, retain 5%)**	None	If Required
Final Cost Statement	None	Yes
Notice of Completion	None	Yes
Labor and Material Releases	Yes	Yes

* At the option of the District and depending upon the type of construction activity, payment bonds and/or performance bonds may be placed as a requirement on the job.

** If progress payments are required for a Purchase Order Contract, provisions therefor must be added.

NOTE: The above listed are the minimum requirements for all construction contracts. Provisions are included within the Terms and Conditions for Purchase Order Contracts which will be issued for all jobs under \$35,000. Provisions should be included within the Specifications for all contracts \$35,000 and over. **The United States (Bureau of Reclamation), Casitas Municipal Water District, their directors, officers, employees or authorized volunteers,** shall be named as additional insured as respects to all coverages listed above when the named insured is Lessee or Licensee of the Casitas Municipal Water District or when work is performed by the named insured for the Casitas Municipal Water District, and in both instances this coverage shall be primary. Casitas, in addition to Certificates of Insurance, shall be provided with the ISO CG 2510 Endorsement or insurer's equivalent.

In accordance with the provisions of Section 1770 of the California Labor Code, the District has ascertained the general prevailing rates of wages applicable to the work to be done. It shall be mandatory upon the Contractor to whom the contract is awarded, and upon any subcontractor under him, to pay not less than the specified rates to all laborers and mechanics employed by him in the execution of the contract. The wage scale is on the internet at www.dir.ca.gov/dlsr/statistics_research.html.

CERTIFICATE OF INSURANCE

**NOTICE TO CONTRACTORS, AGENTS AND INSURANCE COMPANIES.
PLEASE COMPLETE AND RETURN THIS FORM TO**

CASITAS Municipal Water District

CERTIFICATE OF INSURANCE

(This certificate is to be used to list such coverages as the policies listed thereon provide, and does not reflect our insurance requirements.)

TO: **Casitas Municipal Water District
1055 Ventura Avenue
Oak View, California 93022**

Name and Address of Insured:

TYPE OF POLICY	COMPANY AND POLICY NO.	POLICY PERIOD	LIMITS OF LIABILITY	
			Bodily Injury	Property Damage
1.—Workmen's Compensation Employers Liability		Eff. Exp.	Statutory	Nil
2.		Eff. Exp.		
3.—Comprehensive Liability (A) Automobile		Eff. Exp.	Each Person \$ Each Occurrence \$	Each Occurrence \$
(B) General*		Eff. Exp.	Each person \$ Each Occurrence \$ Aggregate \$	Each Occurrence \$ Aggregate \$
4.—Comprehensive Liability Auto and General*		Eff. Exp.	Combine Single Limit: Each Occurrence \$ Aggregate \$	
5.		Eff. Exp.		
6.		Eff. Exp.		
7.—Umbrella Liability		Eff. Exp.	Each Occurrence and Aggregate \$ (A) Excess of Items: (B) Total Limit Including Items:	

*COVERAGE includes Contractual Liability, Completed Operations, Protective Liability, Product's - Liability, and Explosion, Collapse and Underground Hazards.

REMARKS: The U.S. Bureau of Reclamation, Casitas Municipal Water District, their directors, officers, employees or authorized volunteers shall be named as additional insured as respects to all coverages listed above when the named insured is Lessee or Licensee of the Casitas Municipal Water District or when work is performed by the named insured for the Casitas Municipal Water District, and in both instances this coverage shall be primary.

These policies shall not be canceled nor reduced in coverage until after 30 days written notice of such cancelation or reduction in coverage shall have been mailed to this certificate holder.

Name and Address of Agent:

Dated _____

By _____