



# LEFT HAND WATER DISTRICT FIRE FLOW FIELD TEST REQUEST

APPLICANT NAME	DATE	<b>Office Use Only</b>	
		Amount Paid: \$	
		Check #	or Cash
		Date:	Initials:

MAILING ADDRESS	TELEPHONE	E-MAIL ADDRESS
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CITY, STATE, ZIP CODE	GOVERNING FIRE DISTRICT
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FLOW TEST LOCATION	<b>Office Use Only</b>
	Hydrant #:

REASON FOR TEST \_\_\_\_\_

FLOW REQUIREMENT \_\_\_\_\_

Flow required in GPM at 20 PSI residual pressure: \_\_\_\_\_

*The minimum test fee of \$60 must accompany this request. If the time required to complete the test exceeds 2 hours, you will be billed for the excess at a rate of \$50 per hour.*

**FOR OFFICE USE ONLY:**

Engineer approval to schedule: _____	Location to Meet: _____
Date of Test: _____	Time: _____ Map number: _____
Fire District Contact: _____	Phone: _____

**TO BE COMPLETED BY FIELD PERSONNEL:**

Test Observed By: \_\_\_\_\_ for Left Hand Water District

Test Performed By: \_\_\_\_\_ of \_\_\_\_\_

Static gauge hydrant location: \_\_\_\_\_ Pitot gauge hydrant location: \_\_\_\_\_

Static Pressure Before Flow: \_\_\_\_\_ Residual Pressure During Flow: \_\_\_\_\_

Pitot Reading: \_\_\_\_\_ Nozzle Size Used: \_\_\_\_\_ Duration of Flow: \_\_\_\_\_ min

COMMENTS: \_\_\_\_\_