



FIRE FLOW FIELD TEST REQUEST

Information to be completed by Applicant:

Name: _____ Date: _____

Mailing Address: _____

Telephone: _____ Governing Fire District: _____

E-Mail Address: _____

Flow test location: _____

Reason for test: _____

Flow required in gpm at 20 psi residual pressure: _____

The minimum test fee of \$50.00 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 \$45.00 per hour.

For office use only:

Fee Paid? _____ Engineer approval to schedule: _____

Map number: _____ Date of test: _____

Time: _____ Location to meet: _____

Fire District contact: _____ Phone: _____

To be completed by field personnel:

Test observed by: _____ for Left Hand

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: