



LEFT HAND WATER DISTRICT FIRE FLOW FIELD TEST REQUEST

| | | | |
|----------------|------|------------------------|-----------|
| APPLICANT NAME | DATE | Office Use Only | |
| | | Amount Paid: \$ | |
| | | Check # | or Cash |
| | | Date: | Initials: |

| | | |
|-----------------|-----------|----------------|
| MAILING ADDRESS | TELEPHONE | E-MAIL ADDRESS |
|-----------------|-----------|----------------|

| | |
|-----------------------|-------------------------|
| CITY, STATE, ZIP CODE | GOVERNING FIRE DISTRICT |
|-----------------------|-------------------------|

| | |
|--------------------|------------------------|
| FLOW TEST LOCATION | Office Use Only |
| | Hydrant #: |

REASON FOR TEST _____

FLOW REQUIREMENT _____

Flow required in GPM at 20 PSI residual pressure: _____

The minimum test fee of \$80 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: _____
