



FIRE FLOW TEST REQUEST

Complete all items: NA if not applicable

Tracking Number

Date Submitted by Applicant

LOCATION OF HYDRANT FOR FIRE FLOW TEST

Nearest Address to Hydrant

Further Location Description

Street #

Street Name

Hydrant Type

☐ Residential ☐ Commercial

Print the name, address and telephone number of the person who requested the test.

Person's Full Name

Name of Company if applicable

Address

City

State

Zip

Daytime Phone

Fax

E-mail

(Contact Person if other than listed above.)

Name of Contact Person

Name of Firm if Applicable

Address

City

State

Zip

Daytime Phone

Fax

E-mail

For official Use Only

Application ☒ Accepted ☐ Rejected by:

Date

Fee Description See Fee Resolution for most recent fee amount.

Date

Amount

Total Fees

To be filled out by Water Department and return for Distribution (Applicant, Binder, Dep City Engineer)

Time Tested

Street #

Street Name

Date Tested

Fire Flow gpm at 20 psi

Tested by:

Nozzle Size (in):

= Observed Flow *
((Static Pressure-20)/Static
Pressure-Residual Pressure))^0.54

Witnessed by:

where flow is in gpm and pressure is
in psi.

Static Pressure (PSI):

Pitot Pressure (PSI):

Residual Pressure (PSI):

Observed Flow (GPM) using Tables:

Fire Flow (gpm) at
20 (psi) residual
pressure

If pumps affect test, indicate pumps operating:

Attach labeled 8 1/2 by 11 drawing showing line sizes, location of flow and residual hydrants.

