



CITY OF SEAL BEACH - PUBLIC WORKS DEPARTMENT
211 8TH STREET, SEAL BEACH, CA 90740

FIRE FLOW TEST APPLICATION

APPLICATION DATE:

REQUESTOR INFORMATION		FOR OFFICIAL USE ONLY	
CONTRACTOR/COMPANY:		PERMIT #:	ISSUED BY:
CONTACT NAME:		FEE:	RECEIPT #:
ADDRESS:			
PHONE:		TEST RESULTS TO:	
EMAIL:		<input type="checkbox"/> BY EMAIL (<i>preferred</i>)	
APPLICATION ASSOCIATED WITH ANOTHER PERMIT: <input type="checkbox"/> NO <input type="checkbox"/> YES, (type) _____		<input type="checkbox"/> BY STANDARD MAIL	
		<input type="checkbox"/> IN PERSON PICK-UP	
		ASSOCIATED PERMIT/PROJECT #:	
FIRE HYDRANT LOCATION		HYDRANT TYPE	
STREET ADDRESS/LOCATION DESCRIPTION <i>(attached map/plan depicting location and connection, as necessary)</i>		<input type="checkbox"/> RESIDENTIAL	
		<input type="checkbox"/> COMMERCIAL	
SECTION BELOW – FOR OFFICIAL USE ONLY			
ADDRESS:			
HYDRANT #:	HYDRANT MAKE:	HYDRANT MODEL:	
TESTED BY:		WITNESSED BY:	
DATE TESTED:		TIME TESTED:	
PUMP OPERATIONS (<i>if applicable</i>):	NOZZLE SIZE:	WATER MAIN SIZE:	
STATIC PRESSURE (PSI):	RESIDUAL PRESSURE (PSI):	PITOT PRESSURE (PSI):	
OBSERVED FLOW (GPM):		FIRE FLOW (GPM) @ 20 PSI RESIDUAL PRESSURE:	
NOTES:			