



# FLOW TEST REQUEST

Mailing Address: P.O. Box 3427, San Bernardino, CA 92413  
Physical Address: 3654 E. Highland Avenue, Suite 18, Highland, CA 92346  
Phone: (909) 888-8986, Fax: (909) 383-1481

Date \_\_\_\_\_

APPLICANT \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email \_\_\_\_\_

### FLOW TEST REQUIRED FOR: (PLEASE COMPLETE ONE OR MORE)

Address \_\_\_\_\_ Assessor's Parcel No. \_\_\_\_\_

Tract / Lot \_\_\_\_\_ Location \_\_\_\_\_

**SUBMIT TEST RESULT:**     MAIL     FAX     E-MAIL     PICK-UP

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### FEE SCHEDULE

A non-refundable charge in the amount of  
\$ 100.00 will be charged for each flow test performed.

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### DISTRICT USE ONLY

TEST DATE \_\_\_\_\_ TIME \_\_\_\_\_

GENERAL LOCATION \_\_\_\_\_

MAIN SIZE/TYPE \_\_\_\_\_ PRESSURE ZONE \_\_\_\_\_ MAP PRESSURE \_\_\_\_\_

HYDRANT NO. \_\_\_\_\_ HYDRANT TYPE \_\_\_\_\_ HYDRANT SIZE \_\_\_\_\_

#### PRESSURE:

INITIAL \_\_\_\_\_ psi

RESIDUAL \_\_\_\_\_ psi

PITOT \_\_\_\_\_ psi

#### NOZZLE:

SIZE \_\_\_\_\_ in

FLOW \_\_\_\_\_ gpm

@ 20 psi \_\_\_\_\_ gpm

(Account No. 42310 - WA )

### FOR OFFICE USE ONLY

APPLICATION taken by \_\_\_\_\_ Date \_\_\_\_\_