

# FLOW TEST REQUEST FORM



Please print legibly in ink.

## CONTACT INFORMATION

DATE	_____		
APPLICANT	_____		
ORGANIZATION (if applicable)	_____		
MAILING ADDRESS	_____		
CITY	STATE	ZIP CODE	
PHONE	FAX _____		
EMAIL	_____		
ALTERNATE CONTACT NAME	ALTERNATE'S PHONE _____		

## FLOW TEST REQUEST

Fee Schedule: A non-refundable charge in the amount of \$100 will be charged for each flow test performed.

ADDRESS	_____		
ASSESSOR'S PARCEL NO.	_____		
TRACT/LOT	LOCATION _____		
ADDRESS	_____		
ASSESSOR'S PARCEL NO.	_____		
TRACT/LOT	LOCATION _____		
ADDRESS	_____		
ASSESSOR'S PARCEL NO.	_____		
TRACT/LOT	LOCATION _____		
SUBMIT TEST RESULTS	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Email <input type="checkbox"/> Pick-up

## DISTRICT USE ONLY

Test Date	_____		Time	_____	
General Location	_____				
Main Size/Type	Pressure Zone		Map Pressure		
Hydrant No.	Hydrant Type		Hydrant Size		
<b>PRESSURE</b>			<b>NOZZLE</b>		
Initial	_____	psi	Size	_____	in
Residual	_____	psi	Flow	_____	gpm
Pitot	_____	psi	@20 psi	_____	gpm

Application Accepted by: \_\_\_\_\_

Date \_\_\_\_\_