



Left Hand Water District

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
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CITY, STATE, ZIP CODE	GOVERNING FIRE DISTRICT
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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: _____