TEST LOCATION

Address/Location Description: _____

Test Hydrant Facility ID WHYD _____

Flow Hydrant Facility ID WHYD John _____

APPLICATION INFORMATION

Name _____

Address _____

Contact Person _____ Phone _____

SYSTEM INFORMATION

Test Date _____ Time of Test _____

Nearest Elevated Tank _____ Test Hydrant Elevation _____

Main Size _____ Pressure Zone _____

Tank Hydraulic Grade _____ Use 20ft below pressure zone (tank overflow) for design*

Pump Info _____ Theoretical Pressure _____

RESULTS

Static Pressure _____ psi Number of Outlets Flowing _____

Residual Pressure _____ psi Flow Hydrant Discharge Pressure _____ psi

Outlet Diameter _____ inches Volume of Discharge _____ gpm

Test Completed By: _____ SEAL (if applicable):

Testing Company: _____

Witnessed By: _____

Date: _____

Notes: _____

_____

_____

_____

Please attach the following supporting documentation to this form:

Labeled map of location of test identifying test hydrant and flow hydrant

Calculation demonstrating how the discharge flow was determined

Calculation demonstrating the available fire flow at a residual pressure of 20 psi

Printout of any recorded data supporting the static and residual pressure at the test hydrant

Printout of any recorded data supporting the static and residual pressure at the flow hydrant

* To maintain system water quality, storage tanks may be maintained as low as 20” below overflow.