



REQUEST FOR HYDRANT TESTING

Cosumnes Fire Department is responsible for providing test information on the location indicated on this form. It is the requesting party's responsibility to ensure that the information is appropriate to the location of your project. Information provided is an indication of the water supply characteristics in the immediate area on the date and time noted. Cosumnes Fire Department does not guarantee that this data will be representative of the water supply characteristics at any time in the future.

Information:

Requester Company/Agency: _____

Mail Address: _____ City: _____ Zip: _____

E-mail Address: _____ Phone: _____

Location:

Project/Business Name: _____

Project or Business Address: _____ City: _____ Zip: _____

Fire Hydrant – Site Inspection:

Location of Test Hydrant: _____

Location of Flow Hydrant: _____

Hydrant Location (if other than street address): _____

Special Instructions (if needed): _____

<p>TEST RESULTS – This data shall be used for fire flow and sprinkler design.</p> <p>STATIC: _____ PSI</p> <p>RESIDUAL: _____ PSI</p> <p>FLOW: _____ GPM</p>

Fire Marshal's Office Use Only	
Flow data provided by: _____	Pitot Reading: _____
Date of Test: _____	Diameter of Main: _____
Time of Test: _____	Flow at 20 PSI Residual: _____
Date Water Dept. Contacted: _____	Observed Flow: _____