

**CRESCENTA VALLEY WATER DISTRICT
FIRE FLOW TEST FORM**

REQUEST

Applicant's Name & Address _____ Applicant's Telephone _____

_____ () _____
_____ () _____

Property Owner or Owner's Representative

Address of Building Requiring Fire Flow Test _____

Zoning _____ Type of Construction _____

Occupancy or Use _____ Fire Flow Requirements _____ gpm @ _____ hr. duration
as required by L.A. County/Glendale Fire Department

Signature of Applicant _____ Date _____

District Approval of Flow Test _____ Date _____ Fee Paid

RESULTS:

To Be Completed By Tester:

Flow Hydrant Distance from Structure _____

Flow Hydrant Static Pressure _____

Flow Hydrant Pitot Gauge Read (psi) _____

Flow Hydrant Orifice Size (in.) _____

Flow Rate (gpm) _____

Flow Rate @ 20 psi Residual _____

Residual Hydrant Static Pressure (psi) _____

Residual Hydrant Residual Pressure (psi) _____

Tester's Name _____

Tester's Company _____

Tester's Phone () _____

RESULTS:

To Be Completed By District:

Flow Hydrant No. _____

Flow Hydrant Street _____

Flow Hydrant Cross Street _____

Flow Hydrant Dist. to Cross Street _____

Flow Hydrant Size _____

Flow Hydrant Main Size _____

Residual Hydrant No. _____

CVWD Witness _____

Flow Test Date _____

Comments _____
