

FLOW TEST REQUEST FORM



Please print legibly in ink. This form may also be completed online at eastvalley.org/flowtestrequest.

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 \$270 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 | | |
| PRESSURE | | | NOZZLE | | |
| Initial | _____ | psi | Size | _____ | in |
| Residual | _____ | psi | Flow | _____ | gpm |
| Pitot | _____ | psi | @20 psi | _____ | gpm |

Application Accepted by: _____

Date _____