CITY OF TORRANCE
WATER DEPARTMENT

Date	Distribution to
	Torrance Fire Dept./Fire Protection

EMAIL: _____

FIRE HYDRANT FLOW TEST

Requested: _____ _____
(Department) (Initials)

REFERENCES:

Job Description or Work Order

Atlas Sheet (s) _____

FIRE HYDRANT TO BE TESTED:

Number _____

Location _____

Size (inches) _____ x _____ x _____ x _____ Size main (inches} _____
(barrel) (outlet) (outlet) (outlet)

TEST DATE:

Date _____ Time _____ Weather _____

Hydrant _____ / Hose bib used for pressure readings: Location: _____

_____

Length (feet) and size (inches) of main to hydrant under test _____

Static pressure (PSIG) _____ Residual pressure (PSIG) _____
(A) (B)

Pitot gauge pressure (PSIG) _____ Diameter outlet (inches) _____
(C) (D)

Test conducted by _____

COMPUTATION

Flow during test _____, =read directly from flow meter used, or derived from tables, applying (C) & (D)
(E)

Pressure drop to 20 PSIG = _____ -20 = _____ (F) $^{0.54}$ = _____
(A) (F) (G)

Pressure drop during test = _____ - _____ = _____ (H) $^{0.54}$ = _____
(A) (B) (H) (I)

Flow available at 20 PSIG _____ X _____ _____ = GMP
(E) (G) (1)

REMARKS: _____

_____

Computed by _____ Date _____ Checked by _____ Date _____

ROUTE COMPLETED FORM TO DEPARTMENT WHICH ORIGINATED REQUEST