



FIRE FLOW TEST REQUEST

ENGINEERING DEPT.
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Case #: ENG/WTR _____ - _____

(Complete one Form for each Flow Test Requested)

PROJECT INFORMATION

(All information must be completed in its entirety so as not to delay the Fire Flow Test results. See the current Fee Schedule for cost.)

Project Name: _____ Date: _____

Project Location: _____

A.P.N.: _____ Cross Street: _____

Project Type: Residential No. Lots: _____ Tract No.: _____ Commercial No. Par.: _____

Project Description: _____

CONTACT INFORMATION

(Be sure all information is completed in its entirety. If not, the Fire Flow Test results may be delayed.)

Test results will be available in three (3) weeks from the date of receipt.

Please indicate how you would prefer to receive the results: Email Fax Mail

Co. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Contact: _____ Title: _____

Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

FIRE FLOW INFORMATION (TO BE COMPLETED BY VWD STAFF)

Atlas Page(s): _____ Zone: _____ Date Rec'd: _____

Test Date: _____ Test Time: _____ Testers: _____

Test Hydrant 1 Location: _____ Test Hydrant 2 Location: _____

_____ psi _____ psi _____ psi _____ psi
Static @ Hydrant: Residual @ Hydrant: Static @ Hydrant: Residual @ Hydrant:

Test Hydrant 3 Location: _____ Test Hydrant 4 Location: _____

_____ psi _____ psi _____ psi _____ psi
Static @ Hydrant: Residual @ Hydrant: Static @ Hydrant: Residual @ Hydrant: