



**CITY OF HOLLISTER FIRE DEPARTMENT**  
Hollister Fire Department ♦ 110 Fifth Street ♦ Hollister, CA 95023

**HYDRANT FLOW TESTING REQUEST FORM**

Customer Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Hydrant Location: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing for this Hydrant Test, the above signed understands that the fee for this test is \$402.00.  
Payment is due upon receipt of the completed test. Please make checks payable to the City of Hollister.**

**For Office Use Only**

|                 |                    |                                            |                                     |                                |
|-----------------|--------------------|--------------------------------------------|-------------------------------------|--------------------------------|
| Hydrant #:      |                    | Hydrant Location:                          |                                     |                                |
| Water District: | (check one)        | <input type="checkbox"/> City of Hollister | <input type="checkbox"/> Sunnyslope | <input type="checkbox"/> Other |
| Barrel Size:    | inches             | Main Size:                                 | inches                              | Valve Location:                |
| Coefficient:    | Static:            | Residual:                                  | Pitot:                              | GPM:                           |
| Date Assigned:  | Tested By: Captain |                                            | Date:                               |                                |

|                 |                    |                                            |                                     |                                |
|-----------------|--------------------|--------------------------------------------|-------------------------------------|--------------------------------|
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| Barrel Size:    | inches             | Main Size:                                 | inches                              | Valve Location:                |
| Coefficient:    | Static:            | Residual:                                  | Pitot:                              | GPM:                           |
| Date Assigned:  | Tested By: Captain |                                            | Date:                               |                                |

Request Taken By: \_\_\_\_\_ Dept.: \_\_\_\_\_ Date: \_\_\_\_\_

Test Scheduled Date: \_\_\_\_\_ Completed by: \_\_\_\_\_ Date: \_\_\_\_\_