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 $265.00. 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)	☐ City of Hollister	☐ Sunnyslope	☐ Other	
Barrel Size: inches	Main Size: inches	Valve Location:		
Coefficient:	Static:	Residual:	Pitot:	GPM:
Date Assigned:	Tested By: Captain	Date:		

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Water District: (check one)	☐ City of Hollister	☐ Sunnyslope	☐ Other	
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: _____