

Longview Fire Department

Fire Hydrant Flow Test Form

All flow testing shall be performed in accordance with NFPA 291. Assume a coefficient of .90

Operational Permit # _____

Test made by: _____ Date: _____

Representative of: _____ Start Time: _____

Purpose of test: _____ End Time: _____

Total Gallons flowed during test: _____

If pumps affect test, indicate pumps operating: _____

Target Hydrant address: _____

Hydrant Grid #: _____ Make: _____

Main size: _____ Steamer size: _____

Static: _____ Residual: _____

Last calibration date for static gage: _____

Notes: _____

Flow Hydrant address: _____

Hydrant Grid #: _____ Make: _____

Main size: _____ Steamer size: _____

Discharge diameter: _____

Pitot 1 reading: _____ Pitot 2 reading (if needed): _____

Last calibration date for Pitot gage: _____

**** Notify the water department at 903-236-3030 prior to flowing the hydrants****

Return completed form to the Longview Fire Marshal's Office

P.O. Box 1952, Longview, Texas 75606 – FAX (903) 234-8919