

AUGUSTA WATER HYDRANT FLOW TEST FORM

Location	
Street/Intersection	
Associated Project	
Date of Test	
Time of Test	
Person(s) Perf. Test	

Water System	Tank(s)	Level (ft)

Flow Hydrant #1		Static Press. (psi)		Flow (gpm)	
Flow Hydrant #2		Static Press. (psi)		Flow (gpm)	

Residual Hydrant(s)	Static Press. (psi)	Residual Press. (psi)
#1		
#2		
#3		
#4		
#5		
#6		
#7		

Test Duration (min.)	Total Volume Lost (Gallons)
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Notes (pump status, control valve status, etc.):

I acknowledge that the Augusta County Service Authority d/b/a Augusta Water does not guarantee the accuracy of its instruments used during a flow test and I accept responsibility for errors which may occur as a result. I also understand that if I am not confident in the accuracy of the instruments used in the flow test identified above, I may have the instruments and gauges calibrated at my expense or provide my own instruments/gauges.

_____ Printed Name	_____ Signature
Indicate below if requestor provided all or partial equipment for test. List each Augusta Water instr. for partial - signature still required.	

By signing below, I acknowledge that I witnessed the above test and understand that the test does not satisfy the requirements of Augusta County Ordinance regarding available fire flow, which includes determination of available fire flow for a 2 hour duration.

_____ Printed Name	_____ Signature
_____ Firm	_____ Phone Number

Note: This sheet must be included with any water system modeling that is submitted for this project.