

Sam Bass Fire Marshal's Office

16248 Great Oaks Round Rock Texas 78681

Phone: (512)-255-0100 Fax: (512)-255-1288

Request for Testing of Hydrants

BUSINESS NAME: _____ **DATE:** _____

ADDRESS: _____ **PHONE:** _____

CITY-ST-ZIP: _____

ATTENTION: _____ **FAX:** _____

SIGNATURE: _____ **Email:** _____

IMPORTANT **IMPORTANT** **IMPORTANT**

The Sam Bass Fire Department is responsible for providing test information on the location indicated on this form. There is a \$100.00 fee for conducting this test. It is the requesting party's responsibility to ensure that the information is appropriate to the location of your project. Information provided is an indication of the water supply characteristics in the immediate area on the date and time noted. The Sam Bass Fire Department does not guarantee that this date will be representative of the water supply characteristics at any time in the future. Please attach map indicating hydrant location.

Test Flow Hydrant Address: _____
Flow / Residual Hydrant Address: _____
Hydrant Location (if other than street address): _____
Job Site address: _____

***Please attach map indicating hydrant location.**

DO NOT WRITE BELOW THIS LINE

Flow Hydrants:

Size Nozzle: _____

Pitot Reading: _____

Discharge Coefficient: _____

GPM: _____

Static: _____ **psi** **Residual:** _____ **psi**

OFFICE OF THE FIRE MARSHAL – TESTING OF HYDRANTS

Fee \$100.00 Paid date: _____ Check Number: _____ Receipt Number: _____

By: _____ Date: _____