

CITY OF KNOXVILLE FIRE DEPARTMENT



FIRE MARSHAL'S OFFICE

CITY COUNTY BUILDING

400 MAIN AVENUE ROOM 539-545

KNOXVILLE, TENNESSEE 37902

PHONE (865) 215-2283 / FAX (865) 215-4249

Hydrant Flow Test Report

Location _____ Date _____

Test made by _____ Time _____

Representative of _____

Witness _____

State purpose of test _____

Consumption rate during test _____

If pumps affect test, indicate pumps operating _____

Flow hydrants _____ A₁ _____ A₂ _____ A₃ _____ A₄ _____

Size nozzle _____

Pitot reading _____

Discharge coefficient _____ Total GPM _____

GPM _____

Static B _____ psi _____ Residual B _____ psi

Projected results @20 psi Residual _____ gpm; or @ _____ psi Residual _____ gpm

Remarks _____

Location map: Show line sizes and distance to next cross connected line. Show valves and hydrant branch size. Indicate north. Show flowing hydrants – Label A₁, A₂, A₃, A₄. Show location of static and residual – Lable B.

Indicate B Hydrant _____ Sprinkler _____ Other (identify) _____