



14250 W. Statler Plaza, Surprise AZ 85374 Office (623)-222-5100 FAX (623)-222-5002

## WATERFLOW TEST SUMMARY

<b>City of Surprise Project Name:</b>	
<b>City of Surprise Project Number:</b>	
<b>Address/Location of Test:</b>	

<b>Flow Test Requested By:</b>		<b>Test Conducted By:</b>	
<b>Name:</b>		<b>Company Name:</b>	
<b>Phone Number:</b>		<b>Phone Number:</b>	
<b>Email Address:</b>		<b>Email Address:</b>	

**A MINIMUM 10 PSI DROP BETWEEN STATIC & RESIDUAL PRESSURES IS REQUIRED.  
(If a 10 psi drop is not obtained, flow up to two hydrants and indicate that on this form)**

Raw Test Data	Data with 10% Safety Factor
<b>Date &amp; Time of Test:</b>	
<b>Static Pressure:</b>	<b>Static Pressure:</b>
<b>Residual Pressure:</b>	<b>Residual Pressure:</b>
<b>Pitot Pressure:</b>	<b>GPM @ 20 PSI:</b>
<b>Fire Hydrant Orifice Diameter:</b>	Test Vicinity Map (no scale): <i>Click box to attach image</i>
<b>Coefficient of Discharge:</b> (.9 = smooth/round outlet; .8 square/sharp outlet; .7 square/raised):	
<b>Flowing:</b>	
<b>Submit Waterflow test summary to:</b> <a href="mailto:waterflowtests@surpriseaz.gov" style="color: red;">waterflowtests@surpriseaz.gov</a>	
<p><b>All fields on this form are required to be completed before it is submitted. Any form with blank fields will be considered incomplete and will not be processed.</b></p>	

<b>Conducted by</b>	<b>Print Name:</b>	<b>Signature:</b>
<b>Witnessed by</b>	<b>Print Name:</b>	<b>Signature:</b>