



Permit Number: \_\_\_\_\_

Address or APN of Flow Test: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor State License Number: \_\_\_\_\_

Date of Test: \_\_\_\_\_

Type of pressure gauge utilized during test (Class 1 or Class B): \_\_\_\_\_

NOTE: If utilizing a class B gauge a 9 psi reduction off the static and residual pressure shall be documented.

Static Pressure: \_\_\_\_\_

Residual Pressure: \_\_\_\_\_

Pitot Pressure: \_\_\_\_\_

Fire Flow in Gallons Per Minute at Time of Testing: \_\_\_\_\_

Fire Flow in Gallons Per Minute (Calculated at 20psi Residual Pressure): \_\_\_\_\_

System Elevation Relative to Test Hydrant: \_\_\_\_\_

Size of City Main in Street: \_\_\_\_\_

Oceanside Water Department Representative Name: \_\_\_\_\_

Oceanside Fire Department Representative Name: \_\_\_\_\_

**NOTE: This form shall be submitted with the all fire protection plans.**