



**REQUEST FOR FIRE FLOW
California Water Service Company**

Date _____
Owner/Contractor Name _____ Phone _____
Project Description _____
Project Address _____
Application Number: _____
Minimum Fire Flow Required per CFC Appendix B - Table B105.1 _____ gpm @ 20 psi

INSTRUCTIONS

- 1. Applicant: Fill out upper portion of this form
- 2. Take form to the California Water Service Company office at 254 Commission St, Salinas, CA 93901
- 3. The cost of the water flow test conducted by Cal Water is **\$525.00** due at the time of application.
- 4. Fire flow results will be faxed by Cal Water to the Salinas Fire Department upon completion.
- 5. Failure to submit this request in a timely manner will cause delay of your plan check process.
- 6. Fire hydrant nearest the address listed is preferred, however, best flow within 500 feet accepted.

TEST RESULTS

Hydrant # _____ Date: _____ / _____ / _____ Time: _____ a.m. / p.m.
Static _____ Pitot _____ Coefficient _____ Residual _____
Observed Flow @ 2 1/2" _____ gpm Flow @20 psi _____ gpm

Note: If pitot is over 35, additional fire hydrant or outlet must be flowed to reduce pitot reading.

ADDITIONAL HYDRANT INFO

Hydrant # _____
Static: _____ Pitot _____ Coefficient _____ Residual _____
Observed Flow @ 2 1/2" _____ gpm Flow @20 psi _____ gpm

Tested By: _____ Title: _____ Sign: _____
(print name)