



**REQUEST FOR FIRE FLOW  
ALCO**

Date \_\_\_\_\_

Homeowner/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. Upper portion to be filled out by Fire Plan Checker.
2. Applicant: Take this form to the Alco Water Company at 249 Williams Road, Salinas, CA 93905.
3. Fire flow results will be faxed by Alco Water Company to the Fire Department upon completion of their test.
4. Failure to submit this request in a timely manner will cause delay of your plan check process.
5. Fire hydrant nearest the address is preferred, however, best flow within 500 feet will be 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)