



HYDRANT FLOW TEST FORM
CITY OF BAKERSFIELD WATER RESOURCES DEPARTMENT
1000 Buena Vista Road, Bakersfield, CA 93311
Phone: (661) 326-3715 Fax: (661) 852-2127

Instructions: Complete Applicant Section • Return with payment see the Domestic and Fire Water Fee Schedule

I. PROJECT INFORMATION (TO BE COMPLETED BY APPLICANT)	
Name: _____ Phone: (____) _____	
Company Address: _____	
Project Address: _____	
Nearest Cross Street/Distance (ft.): _____	
Occupancy (Use of Building): _____ Sprinklered (Y/N): _____	
Square Footage: _____ Number of Stories _____	
II. FLOW TEST DATA (TO BE COMPLETED BY WATER DEPARTMENT)	
FLOW HYDRANT:	
ATLAS PAGE: _____ HYDRANT #: _____ OUTLET DIAMETER: 4" _____ 2-1/2" _____	
SIZE & MATERIAL OF WATER MAIN: _____	
Static PSI: _____ Residual PSI: _____ Pitot (PSI): _____ Observed Flow (GPM): _____	
Calculated Fire Flow @ 20 PSI: _____ Duration of Flow: _____ Date and Time: _____	
TEST (RESIDUAL) HYDRANT:	
ATLAS PAGE: _____ HYDRANT #: _____	
SIZE & MATERIAL OF WATER MAIN: _____	
Static PSI: _____ Residual PSI: _____	
TEST (RESIDUAL) HYDRANT:	
ATLAS PAGE: _____ HYDRANT #: _____	
SIZE & MATERIAL OF WATER MAIN: _____	
Static PSI: _____ Residual PSI: _____	
III. PUBLIC FIRE HYDRANT FIRE FLOW REQUIREMENTS (TO BE COMPLETED BY WATER DEPARTMENT)	
_____	_____
Signature of WATER RESOURCES DEPARTMENT	Please Print Name
Time: _____ (am/pm)	Date: _____