

**AUGUSTA COUNTY SERVICE AUTHORITY  
HYDRANT FLOW TEST FORM**

Location \_\_\_\_\_  
Street/Intersection \_\_\_\_\_

Associated Project \_\_\_\_\_  
Date of Test \_\_\_\_\_  
Time of Test \_\_\_\_\_  
Person(s) Perf. Test \_\_\_\_\_

Water System	Tank(s)	Level (ft)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Flow Hydrant #1	_____	Static Press. (psi)	_____	Flow (gpm)	_____
Flow Hydrant #2	_____	Static Press. (psi)	_____	Flow (gpm)	_____

Residual Hydrant(s)	Static Press. (psi)	Residual Press. (psi)
#1 _____	_____	_____
#2 _____	_____	_____
#3 _____	_____	_____
#4 _____	_____	_____

Test Duration (min.) \_\_\_\_\_ Total Volume Lost (Gallons) \_\_\_\_\_

Notes (pump status, control valve status, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that the Augusta County Service Authority does not guarantee the accuracy of its instruments used during a flow test and I accept responsibility for errors which may occur as a result. I also understand that if I am not confident in the accuracy of the instruments used in the flow test identified above, I may have the instruments and gauges calibrated at my expense or provide my own instruments/gauges.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Indicate below if requestor provided all or partial equipment needed for test. List each ACSA instr. for partial - signature still required.

By signing below, I acknowledge that I witnessed the above test and understand that the test does not satisfy the requirements of Augusta County Ordinance regarding available fire flow, which includes determination of available fire flow for a 2 hour duration.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Firm

\_\_\_\_\_  
Phone Number

**Note:** This sheet must be included with any water system modeling that is submitted for this project.

Office Use Only. Entered into database (date): _____	Entered by (initials): _____	Rev (10/14)
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