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 ½” ___________ 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 ½” ___________ gpm Flow @20 psi ___________ gpm

Tested By: __________________ Title: __________________ Sign: ____________________
(print name)

http://www.ci.salinas.ca.us/services/fire/fire_prevention.cfm