

capitalregionwater.com
888-510-0606

Flow Test Request

Requester Name: _____

Requester Address: _____ **Location of Test:** _____

Mailing Address: *(If Different from Requester Address):* _____

Phone: _____ **Fax:** _____

Email Address: _____

Date Service Required: _____

Intended Use: _____

By signing this Request, the Requester agrees to abide by the Rules and Regulations of Capital Region Water, in particular the provisions governing the terms, conditions, fees and charges relating to water service.

_____ Signature of Requester _____ Date

A Fee of \$125.00 payable to "Capital Region Water" must accompany this Request.

To submit in person or by mail:

**Capital Region Water
Customer Service Center
3003 North Front Street
Harrisburg, PA 17110**

To pay by credit card: Call 888-510-0606 to speak with a Customer Service Representative and submit this Request via email to info@capitalregionwater.com.

Capital Region Water Use Only

Location: _____ **Date:** _____

Test Made By: _____ **Time:** _____ AM PM

Representative of: _____

Witness: _____

Consumption Rate During Test: _____

If Pump Affect Test, Indicate Pump Operating: _____

Flow Hydrants: _____ A₁ _____ A₂ _____ A₃

Size Nozzle _____

Pilot Reading _____ Total gpm _____

gpm _____

Static: B psi _____ Residual B _____ psi

Projected Results: at 20 psi Residual _____ gpm; or at _____ psi Residual _____ gpm

Remarks:

Location Map: Show line sizes and distance to next cross connected line. Show valves and hydrant branch size. Indicate North. Show flowing hydrants – label as A₁, A₂, A₃. Show location of Static and Residual – label B.

Indicate B Hydrant: _____ **Sprinkler:** _____ **Other (Identify)** _____