



## 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 \$130.00 payable to "Capital Region Water" must accompany this Request.**

Submit form and payment in-person or by mail to:

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

## 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: \_\_\_\_\_ A<sub>1</sub> \_\_\_\_\_ A<sub>2</sub> \_\_\_\_\_ A<sub>3</sub>

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 A<sub>1</sub>, A<sub>2</sub>, A<sub>3</sub>. Show location of Static and Residual – label B.

Indicate B Hydrant: \_\_\_\_\_ Sprinkler: \_\_\_\_\_ Other (Identify) \_\_\_\_\_