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Hydrant Flow Test

Date:		Address of Hydrant:				
Business/Customer Name:						
Business Mailing Address:						
Address:						
City:		State:		Zip Code:		
Phone Number:		Email Address:				
Reason for Test:		Number of Hydrant Flow Test:				

To be completed by Inspector:

Flow Test Date:		Water Line Size:		
Hydrant Brand:		Identification Tag #:		
Static Results:		Residual Results:		GPM/PSI Results:
Inspected By:				

OFFICE USE ONLY

<input type="checkbox"/> Amount Paid \$	Number of Hydrants Testing:		Date Paid:	
Emailed Request to PW:	FMX Work Order #		Emailed Customer Results:	
Application Processed by:		Application Processed Date:		