

FORT MYERS BEACH FIRE CONTROL DISTRICT

Fire Prevention Bureau
 100 Voorhis Street
 Fort Myers Beach, FL 33932
 Office 239-463-6163
 Fax 239-463-6761



REQUEST FOR HYDRANT FIRE FLOW TEST

The Fort Myers Beach Fire Control District is responsible for providing test information on the location indicated on this form. **There is a \$50.00 fee** for providing this information. It is the requesting party's responsibility to ensure that the information is appropriate to the location of your project. Information provided is an indication of the water supply characteristics in the immediate area on the date and time noted. FMBFCD does not guarantee that this data will be representative of the water supply characteristics at any time in the future.

INFORMATION

*Requesting Company/Agency: _____
 *Address: _____

 *Contact Person: _____ *E-Mail Address: _____
 *Phone Number: _____ *Fax Number: _____

LOCATION

*Project or Business Name: _____
 *Project or Business Address: _____

 *Purpose of Flow Test: _____ Sprinkler/Standpipe System _____ Required Fire Flow

FIRE HYDRANT FLOW TEST (THIS INFORMATION FILLED OUT BY FMBFCD ONLY)

Date: _____ Time: _____ Hydrant Number: _____
 Hydrant Location: _____

Static PSI: _____	Residual PSI: _____
Pitot Press.: _____	Discharge GPM: _____

$$Q_R = Q_F \times \frac{h_r^{0.54}}{h_f^{0.54}}$$

_____ - _____ = _____ TO 0.54 power = $\frac{h_r}{h_f}$
 STATIC PRESSURE SPECIFIED RESIDUAL psi

_____ - _____ = _____ TO 0.54 power = $\frac{h_r}{h_f}$
 STATIC PRESSURE TEST RESIDUAL psi

_____ X $\frac{h_r}{h_f}$ = _____ G.P.M. at 20 psi RESIDUAL
 DISCHARGE gpm ACTUAL FLOW

AUTHORITY AND PURPOSE

*Signature of Applicant: _____ *Date: _____

FIRE PREVENTION USE ONLY

DATE RECEIVED: _____ INSPECTOR: _____
 DATE PAID: _____ INFORMATION RETURNED DATE: _____

*DENOTES INFORMATION REQUIRED FOR PROCESSING HYDRANT TEST.