



Lake Arrowhead Community Services District Fire Flow Test Application

Applicant Information		Payment Information	
Application Date:	/ /	Payment Date:	/ /
Applicant Name:		Check #	
Company Name:		Amount:	\$350.00
Phone #		Receipt #	
Fax #		Receipt Date:	
Mailing Address:		<i>Notes / Comments:</i>	
Site Address:			
Block:			
Tract:			
Lot:		Incode Account #	
APN:		Database ID:	
Flow Hydrant Test Results			
Test Date:	/ /	Residual Pressure:	
Hydrant ID:		Pitot Reading:	
Distance to Property:		Flow in GPM:	
Water Main Size:		Tester Name:	
Static Pressure:		Tester Signature:	
Duration of Flow Test:			
Gage Hydrant Test Results			
Static Pressure:		Residual Pressure:	

Entered application into database: _____
Entered results into database: _____

PLEASE ALLOW 2-4 WEEKS PROCESSING TIME