



BENSALEM TOWNSHIP
Department Of Public Safety
FIRE RESCUE DEPARTMENT
2400 Byberry Road - Bensalem, Pa 19020
Phone: 215-633-3617 - Fax: 215-633-3662

Annual Hydrant Flow/Inspection Test Report

Location _____ Date _____

Test made by _____ Time _____

Representative of _____

Witness _____

State purpose of test _____

Consumption rate during test _____

If pumps affect test, indicate pumps operating _____

Flow hydrants _____

Size nozzle	_____
Pitot reading	_____
Discharge coefficient	_____
GPM	_____
	<u>TOTAL GPM</u>

Static B _____ psi Residual B _____ psi

Projected results @ 20 psi Residual _____ gpm; or @ _____ 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 A1, A2, A3, A4. Show location of static and residual – Label B.

Indicate B Hydrant _____ Sprinkler _____ Other (identify) _____