

## FIRE FLOW TESTING APPLICATION

This form can only be used for Fire Hydrant Flow Test Permits on public Fire Hydrants within the City of Cambridge, Ohio.

Please be as accurate and specific as possible with the Flow Test location. Submit completed application online to [camb-utilities@cambridgeoh.org](mailto:camb-utilities@cambridgeoh.org). For third-party test please contact the City of Cambridge Utility Department at 740-432-5453 at least one (1) week in advance to schedule a witnessed test.

### Project Information

Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_

### Billing Information

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Fire Flow Test Type (Select one): ☐ Modeled ☐ Third Party

### THIRD PARTY FIRE FLOW TESTING MUST BE PERFORMED BY A QUALIFIED CONTRACTOR HIRED BY THE APPLICANT

Contractor Performing Test: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Requested Testing Date: \_\_\_\_\_  
Location of hydrants to be tested: \_\_\_\_\_

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Total of water used for testing to be determined by the City of Cambridge at the completion of each test. Water usage fees to be at current rate of \$ per each 1,000 gallons.

## **GENERAL CONDITIONS AND REQUIREMENTS:**

1. The fee for a regular modeled fire flow or for third party fire flow test is \$500.00 plus water used.
2. Fee and/or deposit should be paid at the Utilities Office during working hours.
3. The Utilities Division only witnesses the fire hydrant flow test and does not provide the equipment or personnel necessary to perform the tests.
4. Contact the City of Cambridge Utility Department at 740-432-5453 at least one (1) week in advance to schedule a witnessed test (Third Party Test).
5. It is the responsibility of the company performing the test to ensure that the fire hydrants tested are in the correct water service/pressure zone for the project.
6. Fire hydrant flow tests can be cancelled by the Utilities Division representative due to inclement weather, safety concerns, insufficient access to a job site or if the contractor is late (more than 15 minutes) to the appointment. Tests not cancelled prior to Utilities Division representative's arrival will be charged the inspection fee and will be required to reschedule the test.
7. Fire hydrant flow tests are not official until the test results are submitted and entered into the City's database(s).
8. Fire hydrant flow tests are to be conducted in accordance with current American Water Works Association (AWWA) Standards.
9. Valves must be opened and closed SLOWLY, per City staff instructions, using approved tools.
10. The contractor is responsible for any and all damages or clean-up associated with the flow test. The contractor shall provide the necessary clean-up or repairs at the time of the flow test. Clean-up or repairs in a city right of way that are not corrected immediately will be corrected by the City of Cambridge and charged back to the contractor.
11. The contract holder shall defend, indemnify, and hold the City of Cambridge, its officers, and employees, harmless from and against, all claims and/or liabilities for injury to person or persons, or damage to property arising out of the exercise of the permission herein given.
12. Water from flow tests will not be allowed to flow on to major streets or roads without approved safety precautions in place. Prior approval in the form of an approved traffic control plan will be required from the Engineering Department.
13. By signing this form, you are agreeing to the terms and conditions stated for conducting a fire hydrant flow test with the City of Cambridge.

## Hydrant Flow Test Report

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Testing conducted by: \_\_\_\_\_

Testing on behalf of: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Purpose of Test: \_\_\_\_\_

Duration of Test: \_\_\_\_\_ minutes Total Units Used: \_\_\_\_\_ (Gallons)

If pump affects test, indicate pumps operating: \_\_\_\_\_

Fire Hydrants:      A1                      A2                      A3                      A4

Discharge orifice size: \_\_\_\_\_

Pitot Reading: \_\_\_\_\_

Discharge Coefficient: \_\_\_\_\_

Total GPM: \_\_\_\_\_

Static B: \_\_\_\_\_ psi Residual B: \_\_\_\_\_ psi

Projected results at 20 psi: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach a location map indicating north. Show and label locations of flowing hydrants. Show and label locations used for static and residual.