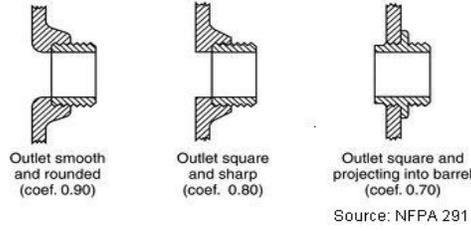


**City of Middletown
Water & Sewer Department**

FLOW TEST DATA REPORT

Flow Test No.:	_____	Test Date:	_____
Street:	_____	Flow Start:	_____
Location:	_____	Flow Stop:	_____
Inspector:	_____	Main Size (in):	_____
Service Area:	_____	Tank Level (ft):	_____
Storage Tank:	_____	Pump Status:	_____
Pump Station:	_____		

	Gauge Hyd	Flow Hyd A	Flow Hyd B	Flow Hyd C
Hydrant No.:	_____	_____	_____	_____
Body Color:	_____	_____	_____	_____
Cap Color:	_____	_____	_____	_____
Condition:	_____	_____	_____	_____
Elevation (ft):	_____	_____	_____	_____
Orifice Diameter (in):	_____	_____	_____	_____
Coefficient:	_____	_____	_____	_____



Static Pressure (psi):	_____	
Pitot Pressure (psi):	_____	
Residual Pressure (psi):	_____	← Residual pressures shall not be less than 20 psi per CT DPH.
Pressure Drop (psi):	_____	← Minimum pressure drop for accurate test is 10 psi.
Hydrant Flows (gpm):	_____	
Total Flow (gpm):	_____	
Volume Used for Test (gal):	_____	
Available Flow (gpm):	_____	=Flow x [(Static - 20) ^{0.54} / (Static - Residual) ^{0.54}]

Comments: