



Village of Los Lunas Fire Marshal's Office

PO Box 1209
Los Lunas NM 87031
Office (505)866-2116 ext. 7703
Fax (505)352-7750



Fire Hydrant Flow Test Request Form

Flow Test results will be delivered within 7 business days of submitted request. Incomplete or illegible forms will not be accepted. Each request form must be accompanied by an exhibit illustrating which hydrants are to be tested (static & residual). Hydrants only located within Public Right of Way or dedicated Public Easement will be tested. All requests must be submitted to the Village of Los Lunas Fire Marshal's Office.

Property Address: _____ Zip Code: _____

Contact Name: _____ Phone Number: () _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Signature: _____ Date: _____

The Following to be completed by the Village of Los Lunas Fire Marshal:

Tester Name: _____ Date: _____ Time: _____

Flow Hydrant Location: _____

Hydrant ID: _____

Coefficient of Roughness: .90 .80 .70

Discharge size: _____

Pitot Reading (psi): _____

Water Main Size: _____

Flow (gpm): _____

Residual Hydrant Location: _____

Hydrant ID: _____

Static Pressure (psi): _____

Residual Pressure (psi): _____

Notes: _____