



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: _____